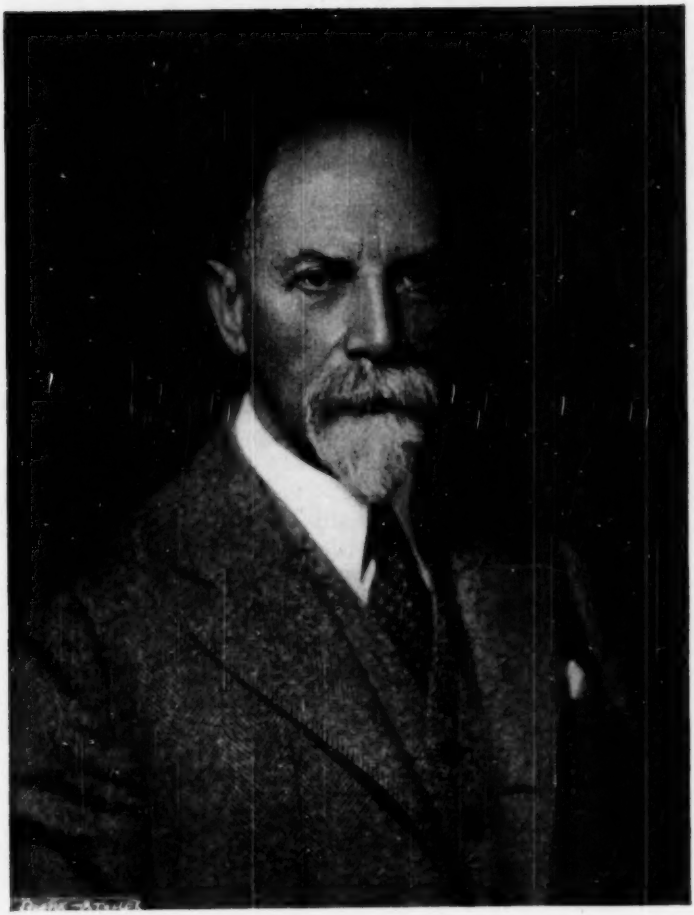

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AGGRESSION IN RELATION TO EMOTIONAL DEVELOPMENT, NORMAL AND PATHOLOGICAL *

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AGGRESSION is a fundamental characteristic of all living organisms. The word conveys the concept of action and vitality, and differentiates animate and inanimate material. This elemental quality enables the living organism to reach out and utilize its environment for the satisfaction of needs essential for sustaining life. As this quality emerges into action from the unorganized, undifferentiated potential characteristic of the newborn infant, relationships essential for the physical and emotional growth of the individual are started. Thus the developing child is brought under the influence of the more established and purposeful aggression of the culture necessary for organizing and helping him to utilize the life force inherent in him.

Out of the dynamic interaction between alive and related individuals, a process activated by the early reaching out of the infant, sustained and influenced by the responses and feeling he arouses in others, emerge the child's potentials for constructive or destructive aggressive action and feeling. Through this process the child can become an individual, separate and unique in himself, while at the same time relinquishing part of his individuality in order to become a mem-

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ber of the group. This is the ever-recurring drama of human growth—the created being directed by the creator, each equipped with the capacity for aggressive action, each both yielding and asserting—a process uniquely individual and yet always social. Only in such a setting can the phenomenon of aggression, in all its various manifestations, be understood.

The Oxford Dictionary, tracing back the meaning and usage of the word "aggression,"[1] gives the following quotation, "Behold I see him now aggress and enter into his own." This significant quotation, which dates back to 1575, not only uses the word in a positive and technically correct sense, but also gives an accurate description of the normal growth process. Aggression means "going toward." Naturally, the "going toward" can mean attacking, and common usage, as well as psychological usage, of the concept emphasizes almost exclusively the destructive, attacking meaning. To-day, aggression is a concept with a sinister connotation. To designate a child, or an adult, or a nation as aggressive, connotes trouble, embodying the meaning stated by H. Spencer in 1851 as, "The moral law says, 'Do not aggress.'" Practically all references in psychological literature equate aggression with hostility, attack, and destruction.[2] In theory, aggression has been made the basis of the death instinct, which is in sharp distinction to the point of view here developed which equates aggression with life.

Emphasis upon aggression in the normal emotional development of the child is essential for a deeper understanding of the integrating and differentiating nature of growth—a process involving interplay between alive people, aggression in relation to aggression. What factors impinging upon the developing child enable him to retain and to develop the creative potential inherent in the capacity for aggression? How do pathological deviations of aggression gain the ascendancy? These are basic questions important for the whole field of

[1] Breaking the word down, we find the prefix "ag," euphoniously derived from "ad," means "to," or "pertaining to"; "gressor" is derived from "gradi," meaning to "walk or march."

[2] Notable exceptions are papers by Dr. Lauretta Bender ("Genesis of Hostility in Children," in the *American Journal of Psychiatry*, Vol. 105, pp. 241–45, October, 1948) and by Dr. Paul Schilder (in *Goals and Desires of Man*. New York: Columbia University Press, 1942).

child psychiatry and fundamental for understanding the elements essential for mental health.

The infant is born with an undifferentiated potential for aggression. In describing the characteristics of infancy, stress usually is laid upon his complete dependency upon the mother figure for the satisfaction of his basic needs. This concept requires some qualification because this is not a passive dependency, with the infant merely a receiver of what the mother offers. The early reaching out of the infant for food, his first aggressive act, is in response to the disturbance of his own internal equilibrium. His physiological needs create tension and cause him to reach out for food, which is made available. Physiological balance is restored; but he has been an activator of the process to restore this equilibrium. A peaceful and integrated sense of oneness follows out of these early experiences. The nucleus of a potentially growth-inducing relationship is established, replacing the more dominant biological relationship terminated by birth. Two separate life forces are now interwoven in a new "gestalt"—the infant aroused to action by his physiological needs and the mother figure upon whom he is dependent to provide the necessary food to satisfy his needs.

The healthy baby invests these early aggressive acts with an impelling quality—even an attacking quality can be observed. Particularly is this true as the early feeling of separateness from the mother is aroused as the infant awakens to having a need whose satisfaction comes from and is dependent upon an external source. The impelling quality in an infant's early feeding experience comes from a dual desire—on the one hand, to satisfy his physiological needs, on the other, to recapture the sense of oneness with the mother broken up by birth and essential for the growth process. The primary source of anxiety is contained in this separation and it imparts a more forceful quality to the early aggressive efforts of the child.

Two life forces are now in relation to each other—one relatively unorganized, the other required to give direction and to assist the infant to utilize his slowly emerging strength for separate living. The process of differentiation has begun out of the integrated base provided for the infant by the

mother, and from the day-to-day interplay between them emerge the potentials for healthy and unhealthy aggressive action.

Wherever two living, but separate entities have an integrated relationship with each other, the dynamic process of differentiation is set in motion. Two separate, but closely related types of biological differentiation operate during the intrauterine phase of human development. Integrated cells divide and are reintegrated into aggregates of cells to perform essential functions. While this goes on in the fetus, there is a concurrent differentiation of the fetus from the mother, eventuating in birth, a biological event which can happen because the infant organism has gradually taken over from the mother the capacity to sustain a life process.

The duality of the differentiating process continues after birth with new, closely related elements interacting on each other. On the one hand, the child continues to develop and change as a biological organism, with new and essential functions emerging to serve a purpose for the individual—locomotion, sexual activity, and so on. No life, however, can exist apart from life; so this internal differentiation, which requires an integrated mother-infant base, enables the emerging individual to react to and be influenced by the impact of other life forces, needed, not just for survival, but to give direction and meaning to his growing up. Every infant is born into an organized world. The standards of that world, represented in the parent figure, constitute a reality to which he must adapt. He needs the support of these standards to find effective ways of becoming a part of his culture. So while the new individual is discovering himself as a separate person, he is discovering at the same time his dependence upon and his relation to the molding and organizing forces that influence the process through which he can be an individual.

Out of his developing capacity for aggressive action, the child becomes an active participant in his growing up. A child can assert himself against the demands made upon him; he also finds that he can yield to these demands. A child can fight the standards imposed upon him; he can learn to use these standards to give meaning to his developing individual-

ity. At the same time, the parents who provide a living framework within which the child organizes himself can make certain demands upon the child; they find that they can also yield to some of the child's demands upon them. They can stand steady before the self-assertions of the child in his efforts to grow in his own terms; they can yield to these assertions. They can become slaves to his demands; they can become autocrats seeking docile obedience. The important point in this differentiating process between child and adult is the constant interplay going on, colored by all the factors that make for healthy development or for unhealthy struggle and turmoil. The emerging capacity for aggressive action can be understood dynamically in the interaction of these related forces.

Aggression as the expression of the individual's vitality is translated into action and then into feeling around the limiting impact of an organizing force represented in the parent. Frustration in some degree is always associated with this impact. It is an essential factor in a child's awakening and bears an integral relation to the organization of his aggressive action and feeling. Without some frustration there could be no awakening of the will to assert and to test out the capacity to deal with external forces.

Usually the term "frustration" refers to any control or limit imposed on an individual that delays or blocks the drive to satisfy a need. A child learns in the normal process of growing up that he cannot always have what he wants and demands. He meets reality in the boundaries defined by the parent. He will try to override some of these controls, and his aggressive reactions against these limits acquire a negative overtone. A parent, holding steady to the necessary controls while helping the child to express the feeling aroused, understands and applies the more normal meaning of the concept of frustration and recognizes its value. But when the boundaries are narrowed and autocratically imposed, or when they melt away before the child's demands, leaving him floundering anxiously, then frustration means rendering a child's reactions null and void and prevents the emergence of the more partial responses essential for purposeful and constructive aggression.

The basic birthright of every child is his need to become, through his own experience, an individual in his own right, different and unique from those who created him. The more devastating frustrations leading to the more pathological aggressions develop around the various ways of denying the child the support he needs to achieve a healthy sense of himself in the culture into which he is born. The overpossessed child, protected from all anxiety and held in the vise of parental care, exemplifies a common form of frustrating the growth potential and paralyzing aggressive action in the early years, only to see it break out in desperate and frequently neurotic efforts to cut the tie binding parent and child together. A similar and somewhat more obvious form of frustration is found in the rigorous, autocratic control exercised by a parent who condemns any show of aggressive action and who seeks to perpetuate his control in a conforming child.

To some extent, all habit training is characterized by negative reactions. As the training efforts become charged with anxiety and rigid control, the child's need to defend himself against being changed will become greater. The important anatomical areas involved in training, and so associated with the frustration of individual drives for omnipotence, are the oral cavity, the urethra, and the anus. The mouth, being the portal of entry for all that is necessary for maintaining life, becomes, because of that, the focal point of anxiety and the locus of the first frustrations. Around mouth activity the infant experiences his first major satisfactions and his first deprivations. Around this anatomical area develops the child's readiness to assume responsibility for maintaining his own life. In the mouth the child senses his first feeling of power—he can take food and he can reject it. Here he reacts to the first pressures to live on some one else's terms. Around eating, the parents have their first opportunity partially to relinquish to the child the more total responsibility belonging to the parental rôles. Naturally the mouth area becomes an emotional barometer, registering changes in feeling tone. The first anger at deprivation is felt around mouth activity—the first separation anxiety involves the feeding function. The mouth becomes the first medium for expressing

feeling, either to indicate, through crying, a need for food, or to express anger when the need is frustrated.

Rigid and unimaginative efforts to regulate the feeding needs of the infant can and frequently have accentuated the negative component in the early aggressions and are the basis of many conflicts that flourish between child and parent, and later between child and society. The recognition that the infant needs a period of having his wants satisfied in accordance with his own rhythms, while he is experiencing his first feelings of separateness, takes the disciplinary motives out of this early period. The child needs to feel a reintegration of himself in the mother relationship before he can benefit from the necessary controls which involve some degree of frustration.

Early accentuation of the negative component around the mouth functions can make this area the battleground between the will of the parent and the emerging will of the child. Here I use the concept "will" in the dynamic sense defined by Rank as "that autonomous organizing force in the individual which does not represent any particular biological impulse or social drive, but constitutes the creative expression of the total personality and distinguishes one individual from another."[1] Mouth activity later involved in speech continues to be a medium for sustaining a relation through language communication. Normally, these functions develop together and without interference. But in the accumulations of hostile aggression developing out of the interpersonal conflicts, this medium of expression is thrown out of balance, with a resultant distortion both of speech and of feeling.

Training in habits of cleanliness, involving urethral and anal control by the child, provides familiar areas of struggle. The infantile period is characterized by relative freedom to evacuate. It is a period of self-discovery, but associated with this awakening is the imposed need for the child to acquire habits of control and so meet the varying degrees of pressure to move away from the free-flowing, self-determined habits of infancy. Now the child is required to conform to patterns

[1] See *Beyond Psychology*, by Otto Rank. Published privately by friends and students of the author. p. 50.

imposed on him. Children who have enjoyed the satisfactions of infancy will be readier to move away from a period of freedom no longer needed and will acquire habits of bladder and anal control with a minimum of struggle and unencumbered with a heavy charge of negative aggression.

Negative aggressiveness, however, can be and frequently is focused in these functions. The boy with long-standing enuresis who said, "I want to be dry, but I don't want to be made to be dry," stated the common dilemma that emerges in the struggle between the parent requiring bladder control and the child fighting against it. Enuretic behavior offers such a safe way to be aggressively oriented against responsibility and separation without the more open danger of saying, "I will not," to a power the child feels to be superior. The boy who made the above remark was a docile, obedient child in his relation to a powerful, controlling mother. In his enuretic behavior he had found one safe way of asserting himself against this control. To be dry meant to surrender himself entirely to her control.

The same picture was presented by the boy who fought against the bowel movements he was required to have by a life-absorbing relation with his parents. He took all that they had to give, but held tenaciously to all that he took in and aggressively struggled against bowel movements. In the midst of this struggle, he was overheard chanting to himself in the bathroom, "Pull the chain and say you did it."

When the normal functions of these anatomical areas are disturbed by becoming channels for the expression of aggressive feeling charged with hostility, the major influences bringing about this displacement will be found in the interpersonal struggles developing in the parent-child relation.

The child, as he develops in relation to the realities of home, school, and community, needs and relies upon this strength of the adult to provide him with a reality framework within which he can find constructive ways of utilizing his emerging power (aggression). At the same time he feels his inadequacy in coping with the greater strength of the parents and needs to build up some defenses against them.

Some of these defense behavior reactions flourish in the open and are manifested in the day-to-day interchange be-

tween parent and child. These behavior reactions of the child are the evidences of the child's capacity for aggressive action, and indicate that he is not just a twig to be bent or clay to be molded by the will of others.

In the normal process of differentiation, the child needs and finds media of expressing and organizing his negative aggressions, other than in overt behavior reactions of the "I will not" type. Important media are available to him in his play and in his phantasy life. Because of feeling inadequate to cope with the strength he meets in the organized world of reality, he will seek to reënforce his own developing strength through projecting himself into identifications developed in the realm of play involving dramatized phantasies. He may become the powerful father or soldier, or the superman, in the numerous games children can conjure up. Without losing any connection with a reality base, children can live out these dramatized exaggerations of their aggressions and gain an enhanced sense of value about themselves through experiencing feelings that do not need to be tested out in reality situations.

Every human being reacts negatively, in some degree, to being changed. The phantasy life of every person, from childhood through adult life, will reveal negatively toned aggressive feelings and ideas related to the organizing forces impinging upon them. The more a child can be helped to live out in real life the feelings that arise in the unfolding of the growth process, the healthier will be the result. But there remains an important place for phantasy in every child's life. In his capacity to conjure up magical powers, the child can dilute or deny the painful and ward off real or imagined danger. For the normally developing child, these phantasies readily merge with reality. For the anxious and fearful child, they may replace reality and serve to guard him against the organizing forces in the world that he cannot or will not face.

In this presentation, aggression has been designated as the characteristic of all living matter, bringing different, but related living materials into significant relationship. From this characteristic evidence of a life force emerge the various functions necessary for the survival of the individual. These functions are invested with a feeling quality emerging from

the interaction between forces—one being organized for living, the others carrying the rôle of organizer—the child needing to assert and preserve his developing individuality, the culture needing to perpetuate itself through its newly developing members. Out of the unfolding of this human drama, repeated in the life history of every individual, aggression, always in relation to aggression, is either organized with a dominance of its creative potential, or shackled with the more defensive and destructive purposes.

Every human, in the course of his growing up, must discover how to utilize the standards of his society and to develop the capacities he has as an individual member of that society. Every culture, with the accumulation of experience crystallized into codes and attitudes and presented to a child by the parent figure, who has developed through the same process, needs to discover how to help the child become a participant in that society. There is always conflict in the interplay between these two forces—there is always asserting and yielding. Each individual has a conflict in himself in organizing his potential for aggressive action, either by using and adjusting to the framework provided him to organize his individuality, or in feeling their restricting or frustrating power and setting himself against their limiting objectives. Out of the interplay emerges the dynamic of aggressive action.

As social scientists, we are charged with the responsibility for understanding the process of human growth and for developing professional services to deal with the abnormal expressions of aggression that shackle the creative potential originally there. Both poles of aggressive action stem from the same base, being neither good nor bad in their undifferentiated quality in the newborn infant.

Aggression has become a sinister word and with adequate justification, both in individual and in group behavior. This fact accentuates the importance of restoring to the concept a point of view that stresses the powerful potential for creative and responsible action contained in the "going out" quality needed by all individuals and by all nations. It is essential to avoid a point of view that regards the more positive values of aggressive action only as substitutes and

diversions of the malignant quality assigned to aggression as a destructive force.

The Congress for Mental Health, with representatives from every corner of the earth and from the diversity of cultures that make up the family of nations, constitutes an example of aggressive action with a common denominator of respect for the differences herein represented. Our common concern is the strengthening of social conditions and attitudes that support the inherent strength in the individual who needs to utilize the standards of his society to give meaning to his developing capacity for aggressive action. We want more of our children to develop the capacity to "aggress and enter into their own"—not just as individuals or just as faithful precipitates of social forces, but as creators of the ever-new that is needed to sustain the virility of the human race.

PSYCHIATRIC SERVICE IN RELATION TO PUBLIC-HEALTH ACTIVITIES*

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IN allying itself with public health, psychiatry has the unique opportunity of extending its insights and concepts into a field that has to do with the preservation of the health of a major segment of the population. From its early beginnings as an institution for the control of the disastrous effects of epidemics, public health has evolved to a broadly based philosophy of preventive medicine, with a deep concern for the person in all of his biological, cultural, sociological, and environmental involvements. The interests of public health parallel the interests of community psychiatry, and the participation by psychiatrists in public-health activities offers much toward the mutual enrichment of the two fields for more effective service to patients.

The full development of the contribution each field can make to the other encounters many internal difficulties in both, but for the present discussion I shall confine myself to a consideration of the problem from the point of view of the psychiatrist. A good many orientations that have been found valuable and rewarding in clinical psychiatry need to be reëxamined and reformulated when applied to public-health activities. I shall discuss some of these orientations as background to an exploration of the creative possibilities for psychiatric participation in public health.

The Clinical Bias.—The central concern of the psychiatrist is the care and treatment of the patient with a decompensated psychiatric problem. This is in the tradition of medical practice and education, with their emphasis on descriptive and etiological pathology. The psychiatrist as physician is oriented toward the individual patient, whose problems he isolates for purposes of study and treatment. The social pattern that is the basic reality in the living experience of the

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patient is reproduced for treatment purposes in the doctor-patient relationship, although subject to the distortions of the authoritative, magical, and dependency implications in this relationship.

The major forms of psychiatric illness—the psychoneuroses, the functional psychoses, and the psychosomatic conditions—occupy a special position in the catalogue of human disease. They are ubiquitous and pervasive; they exhibit a marked tendency to chronicity; they are intimately related to cultural and social conditions; and they commonly show phases of remission, exacerbation, and compensation in relation to the life experiences of the individual, and the fluctuations, often accidental, in the character of his interpersonal relationships. They demonstrate in the mass an unbroken line from the very mild to the very severe, and they may stabilize or show social compensation at any level of severity.

Because of the particular nature of these affections, any approach in medical management that is based upon individual psychotherapy as an end in itself is likely to be peripheral from the point of view of the totality of the problem. The psychiatric case-study approach is of course a basic medical responsibility, and an invaluable research source in the understanding of psychopathology and psychodynamics, but *alone*, without an alliance with a broader epidemiological approach, it remains unrealistic and unavailing. If there were ten or a hundred times as many psychiatrists as we have to-day, and if they were all skilled psychotherapists, their contribution to our problem would still be of relatively little importance. Nevertheless, the value of direct psychotherapy for the individual patient may be so great that it becomes essential to avoid treatment waste, not only through careful attention to treatment indication and goals, but also through the study of those institutionalized community activities which have a bearing on the extent of psychiatric decompensation.

Actually, in spite of the shortage of psychiatrists and of psychiatric treatment resources in communities, the psychiatric problems of people who live in the community do not go untreated; for if they did, our society would be disrupted and chaotic. Institutional patternings are constantly being created in efforts at adaptation to the changing needs of

people in a changing world. In effect, direct psychiatric treatment is a relatively minor social method of reducing individual anxiety, reconciling inner conflicts, and satisfying personal emotional needs. However, because patternings in society evolve slowly, we find, in a transitional society such as ours, a mounting incidence of decompensated psychiatric disturbance, particularly of psychoneurotic and psychosomatic conditions.

The most important institutional forms in which attempts are being made at this time to develop the skills and professional resources to meet these increased demands of human need and distress are: social work; nursery, primary, and secondary education; and public health. In each of these fields the problem is identified as belonging to mental hygiene, and explorations of one kind or another have been under way to discover how psychiatric personnel may be included, administratively and functionally, within existing organizations. A basic difficulty has been the tendency to separate psychiatric problems from their original context in the service programs of the agencies, and since psychiatrists have offered encouragement and support to this tendency, it might be worth while to consider more carefully this matter of psychiatric insularity.

The Isolative Tendency.—If the psychiatrist is to participate in collaborative programs with professional workers in other service fields, it must be on the basis of a preliminary two-way learning experience in which goals and objective are carefully discussed in relation to the staff needs that the psychiatrist is expected to meet. The rôle of the psychiatrist may be characterized as that of a participant rather than of a consultant, in order to emphasize this two-way learning process. While the psychiatrist has a great deal to offer other professional workers from his knowledge of behavior and personality, his contribution usually cannot be assimilated directly—*i.e.*, in its original psychiatric or psychoanalytic conceptual framework—but must be reformulated, translated, and adapted to the frame of reference, the terminology, and the procedural modes of the particular professional group with whom he is working.

It would seem that persons whose field of concentration is that of dynamic psychology tend to develop a psychological gun-barrel vision, and find it difficult to give up their biases of terminology and conceptual habit frameworks. Although this may be no different from the attitude of other specialists, the psychiatrist is being called upon more and more to contribute to fields other than his own, and this makes the problem of cross-disciplinary communication of particular interest and importance in psychiatry.

Actually, the problem is not merely one of semantics. There is the fundamental assumption prevalent in psychiatry that anybody can benefit from psychiatric knowledge, particularly the knowledge of psychodynamics, and that, having such knowledge, anybody can apply it directly to his personal or professional problems. At first glance, such an assumption does not seem to be isolative in tendency, since it would certainly appear that psychiatry is extremely generous in sharing its insights and concepts not only with other professional workers, but with the lay public as well. However, when it does so, it is almost always on its own terms, in its own ways, by its own methods, with little questioning of the value, the applicability, or the effects of what is done. The psychiatrist remains isolated when he does not avail himself of the opportunity to acquire a knowledge of the field in which he is teaching, or when he tries to reorient the field in the direction of psychoanalytic method. The worker in the field runs the risk of becoming isolated from the original sources of his professional training and experience, by substituting dynamic concepts for those from his own profession.

Now how do these considerations apply to the field of public health? In what way can psychiatry make a contribution that would reinforce existing achievements of value, without attempting to change the patterns of public-health activities or the direction of its growth? How can the concepts and methods of psychiatry be adapted to fit the needs of the thousands of public-health personnel who have an expressed interest in obtaining mental-hygiene assistance with their professional problems? And how can public-health administrators be of help in working out the problem?

If I offer here some principles for consideration, I do so with caution and restraint, and with the awareness that there is little in this particular area of collaboration that is not untried and untested.

The mental-hygiene approach, based on a broad consideration of the welfare of the individual, is an integral and inseparable part of the philosophy of public-health practice. It is concerned with the individual's problem-solving capacities and potentials in relation to his emotional needs, his personal difficulties, and the stresses in his social situation.

Clinical personnel in health departments have three generalized functions, in addition to the particular service they are carrying out; these three are mental hygiene, health education, and nutrition. The first is of basic importance since it pertains to the doctor-patient and nurse-patient relationship, by virtue of which the cultural rôle of medicine as the guardian of health attains reality in the confidence and faith of the patient. Health education is the medium through which this relationship is established, fostered, and translated into concrete health services. Nutrition is more limited in scope, but of importance because of the high incidence of primitive attitudes and disturbed emotional patterns in relation to eating. In all three areas, the clinician and the public-health nurse should have basic competence in relation to the recognition and to some extent the identification of problems, with an awareness of the limitations inherent in generalized as contrasted with special training.

The patients who receive health-department services present a wide range of emotional problems. With some, anxiety is a reaction to the presence of the illness or its acceptance, as in the case of the patient who has learned as a result of the mass-survey X-ray that he has pulmonary tuberculosis, or the adolescent who has contracted an initial venereal infection. The anticipatory anxiety of the woman in the prenatal clinic is often well covered up by stereotyped cultural attitudes, and hence is not always readily accessible. In child-health stations, mothers are particularly worried about problems of child care in the first year of life, and particularly about problems of feeding, sleeping, and elimination. In school health services, the physician meets the gamut of child psychiatric

syndromes, and it is the estimate of one observer in this field that 65 per cent of all problems found in routine physical examinations of school children are psychogenic in origin, or have important psychological components.

The most reasonable orientation for public health, then, is to regard mental hygiene as an intrinsic part of its own job, related to its every-day work, and applicable to the problems of all its patients rather than a selected few. At the present time, most health-department personnel recognize that they have some measure of responsibility for the emotional problems that are found in patients in relation to the health services they receive, but a lack of professional preparation in this area and of available psychiatric consultation usually leads to their failing to recognize, or ignoring, or dealing mechanically with many of these problems.

The contribution of psychiatry to public health is contingent upon an acceptance and approval of the philosophy and aims of public health, a willingness to work within its administrative and functional organization, and a recognition of the mental-hygiene objectives that public health has already achieved.

One may distinguish between *indirect* and *direct* treatment services. In the former, the objective is not psychiatric treatment, but a different kind of service. In a children's institution, for example, the primary service is to provide a satisfactory setting for the total life experience of the child, and psychotherapeutic benefits will come out of it to the extent that the setting is satisfactory from the standpoint of this primary function. Indirect or *supporting* treatment services represent organizational modes of meeting human need, and they are successful in direct ratio to the flexibility of their organizational structure in allowing the expression and gratification of individual strivings.

A public-health unit is likewise a method of patterning interpersonal relationships, in this instance for the purpose of rendering health service. As an institutional response to an important area of need in the community, it plays a significant supporting rôle in relation to psychiatric problems. Even though its personnel may be for the most part almost entirely unsophisticated in psychiatric thinking, yet the mode

of organization of the child-health station, for example, is such that it is able to accomplish its mass objective of substantially reducing the reservoir of anxiety in the large group of parents who receive its services. Its supporting function can be improved, true, but it is already a vital force in the family life of many communities to-day, particularly in the large urban centers.

In any of the supporting services in a community, whether it be a children's institution, a welfare agency, or a public-health unit, the psychotherapeutic potential is inherent in the form of organization that patterns the interpersonal relations of the staff and the persons receiving service. When psychiatric service is added, it must be related to the basic organizational pattern through administrative channels, if its contribution is not to remain inconsequential. The psychiatrist must extend his conceptual awareness from the relatively narrow range of the individual doctor-patient relationship to the complex network of interpersonal relationships in the large organizations.

In order that this may be accomplished, the administrative staff of the public-health unit has a responsibility for entering with its psychiatric personnel into a continuing process of clarification of function, demarcation of responsibility, and establishment of administrative channels for the proper integration of mental-hygiene services with others in the health department. The responsibility cannot be left to the psychiatrist alone, since he cannot be expected to understand the particular administrative framework in which he is expected to work. On the other hand, the psychiatrist's participation is obviously needed in planning a psychiatric service in order to protect the technical demands of the job.

With regard to their method of teaching, psychiatric personnel must consider the factors of readiness and interest in the public-health staff, their level of psychiatric sophistication or lack of it, and their flair for dealing with problems of individual patients.

The aim of a psychiatric service in a health department is not to teach psychiatry, but to help public-health workers with the emotional problems that they find in their patients. It

is to help them to be better public-health workers, not mental-hygiene aides or minor psychiatrists.

Interviewing is a basic method in public health. For the administrator or the clinician or the nurse, interviewing is an essential skill. The public-health worker pays little attention to process or technique in the interview, but centers his interest on its purpose, which is very often educational, and on his own activity of obtaining and giving information. It is easy for the patient as a person to become lost in the process. One observes that nurses and clinicians often seem not to hear what patients are saying, or if they hear, to pay no attention, so intent are they on moving through their established routine of interviewing, as if it were a ritualistic ceremonial. My impression is that behavior of this kind is based on tension and that it is most apparent when an observer is present; but it is common in public-health practice.

It has seemed to me that the tension is a product of administrative defects, arising out of a lack of clarification of job status and of responsibilities and limitations of function; administrative confusions in relation to the goals and purposes of public health itself and anxieties as to its standing in the world of medical opinion; lack of coördination and lack of attitudes of coöperation among services, particularly in a large health department; rigid and punitive attitudes of supervisory personnel; and certain difficulties in the nurse-doctor relationship due to the traditional attitudes of each as well as their rôle differences in existing health-department structures. These are all factors that impair the spontaneity of the health worker's response to patients, and tend to substitute mechanical routine for a free use of the professional personality in response to the needs of patients.

The psychiatrist can do very little about such problems except to point out their effects to the administrator to whom the responsibility does belong. Yet in his teaching he must take their results into consideration, and deal with tensions and resistances as the first step in teaching—and often as a major objective—until his own relations with the staff are such that they can accept and make use of his contributions. The psychiatrist may participate in public-health clinics, work-

shops, conferences, and training programs, and in each area he must be alert and responsive to the anxious and hostile attitudes of the people he is working with, whether those attitudes are derived from the unfamiliar contact with psychiatry, from administrative lack of clarity, or from the personal problems of some of the staff members themselves.

The teaching of techniques of interviewing is a temptation that should be resisted. It seems to me that emphasis should, instead, be placed on helping the staff to discover their own potential objective interest in and curiosity about people, and to free them to be helpful in terms of the patients' needs rather than their own. Since public-health workers are in any case not doing a direct psychiatric job with patients, any stimulation of interest in techniques of interviewing can only lead them down byways away from their primary goal of rendering health services.

To summarize, my main thesis has been that public health carries a large and important responsibility for mental health in terms of its own practice and its own functions. It deals with masses of people who have the usual run of psychiatric problems. These people, however, are for the most part applying for health services, and many may be helped with their emotional problems by a better practice of public health if consideration is given to the principles of comprehensive medicine. By participating as consultants and educators in a staff-oriented program, psychiatrists may make a significant contribution in this new epidemiological approach to the mental-hygiene problem in public health.

PERSONALITY FACTORS IN VOCATIONAL REHABILITATION

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WHAT is personality? It has been explained that it is that which constitutes distinction of person. It is that which is peculiar to a person. It is not alone appearance; it is action, mannerisms, habits, likes and dislikes. It is attitudes, expressions, and speech. It is tolerance, consideration, egotism, and selfishness. It is gentleness and violence. It is timidity and aggressiveness. It is docility and forcefulness. Many of these are passive or dormant characteristics until inflamed and agitated by particular situations and contacts which, as the old saying puts it, "rub the fur the wrong way." Many may be only superficial and "put on" and may be eliminated by pressure of circumstances.

It follows that these various personality characteristics and traits will find satisfaction under working conditions which require or give freedom to their exercise. Since job conditions, including the environmental setting, the type of performance required, and the personal associations, do provide such varying opportunities, it would seem that we can say that jobs have characteristics comparable to personality variations. It would, then, appear evident that in attempting to secure job satisfaction, the balanced adjustment of personality to job is at least as important as aptitude and job skill. Favorable and unfavorable, objectionable and acceptable, are terms applicable largely to a relationship with the surrounding environment and circumstances. This is the premise upon which the present paper is written. It is hoped that it may provoke discussion of this subject, which is equally important in social relationship and in job adjustment.

As has been often said, most things are relative; they exist only through their relationships with one another. This thesis would appear to offer a rather promising basis upon which to study human nature—in this particular instance, the relationship of human characteristics to job characteristics.

At this point we become involved in a complex problem, because personality traits reflect the influence of all social contacts and the reactions of the individual to such contacts. It is these cumulative reactions that constitute what is known as the attitude of a person, and they have a direct bearing upon the selection of a suitable and satisfactory job. Again, the induction of the individual into the job brings in the influences of new associates, subordinates, and superiors, as well as the physical and mental demands of the job. If, then, both job characteristics and personality traits are not carefully checked in advance, there is danger of conflict. Ability to do the work will be useless in the face of personality maladjustment, whether the individual be a subordinate or a superior, whether he be employed by another or is in business for himself. Studies that have been made indicate that the greatest cause of labor turnover is not lack of job skill.

The words "adapted" and "unadapted" are commonly used in explaining such a situation. Their usage, however, unfortunately is seldom based upon a careful analysis of personality traits in relation to job conditions. A careful study of such personality traits in advance will make possible, in large measure, the selection of a person adapted to a particular job, and of a job particularly adapted to the person.

We are concerned, then, in what may be summed up as the attitude of an individual to his environmental contacts. We believe that this attitude changes in relation to different circumstances. While there are certain basic habits, there is a large percentage of variables. We must refrain from judging the individual by these variables. We must sift out what may be termed the surface behavior traits. These may be caused by certain existing conditions in social contacts, manner of living, and lowered physical resistance due to many causes. They are manifested in critical attitudes, hypersensitiveness, excitability, nervousness, or, in certain instances, in extreme docility or a passive acceptance of the inevitable, expressed by a shrug of the shoulder or a respectful "Just as you say."

We must watch for these superficial characteristics or veneer—what is commonly known as "front." Their existence is not necessarily undesirable—they may be indices to real

fundamental characteristics. It is necessary, however, to see behind them, in so far as this is possible, and by finding their cause, to reach bed-rock personality traits. How near we can ever come to bed rock is questionable. It has been said that we must live with a man to know him. Even then, under the stress of critical and unusual circumstances, there may arise personality traits whose existence was never suspected. Thus the timid man suddenly becomes a hero, brave beyond any expectation; the boisterous and strong man becomes a coward. So we may assume, as we approach this subject, that the openly exhibited traits also are subject to change and are related to circumstances.

Words or actions indicating approval or disapproval express conscious or subconscious reactions to circumstances. Remove these particular circumstances and a new set will tend to alter both verbal expression and action. Realization of this truth explains the familiar expression that if we would know our man, we must "get under his skin." In so far then as it is possible for us to get under his skin, a set of circumstances may be brought about that will call out the best of which the person is capable. It is also true that "minds may meet" without great discussion, oftentimes merely in a word or two, perhaps only through a smile or a handclasp; at once a bond of confidence is forged, and without confidence the struggle for adjustment is endless. If a person is constantly in the "on my guard" state of mind, little if anything can be discovered of value; he presents a false picture, except for an irrationally exaggerated suspicious attitude. As we cannot be just, we should not be unjust under such conditions.

In discussing personality, then, we are faced with the problem of first understanding and evaluating all the character traits—or, if you will, behavior traits—that exist in the situation we are confronting. We must, however, remember that the tabulated traits may be only relative to the set of circumstances that accompany their exhibition. Consequently, if we are to be thorough, we must carefully analyze these existing circumstances also and, when possible, subject the individual to other conditions.

Physical surroundings and conditions, and the demands they make upon the person, plus the personality traits of as-

sociates or of the superior under whose authority he comes, must enter into the study. On the other hand, if the person be some one in authority, certain of his particular characteristics may in all probability be related to the demands made upon him by the business, or whatever it may be, and the attitude of his subordinates as it affects the accomplishment of his task. Any one may be lulled to a false sense of security or so aggravated as to do what in his saner moments he would not have done. His reputation may suffer, his standing may be judged by such acts, but his salvation in such temporary agitation is his ability to see it later in its true sense and to learn thereby.

We come, then, to our particular topic for discussion—the degree to which personality affects the employment of persons with disabilities, either in business for themselves or working for others.

As we have indicated, we have to consider two groups of personality characteristics. First, there are those of a superficial nature, such as have been described, which can perhaps be altered if the attempt seems advisable. These may be such as to bar any form of employment or at least employment in the particular field to which, because of limited physical and mental ability, the person must be restricted; or they may not be of any particular importance from the vocational point of view. Second, there are certain personality traits that are deep rooted, indications in themselves of the field of endeavor in which the person can best find happiness and success.

The complete understanding and elimination of the obstructive traits will call for the use of various approaches as the study of the situation progresses. At some point, the psychiatrist may play a very important part. The attack on these traits in youth is the task of preventive mental hygiene, and may be termed the process of retraining the individual from obstructive to constructive personality traits. Such study and treatment, however, may involve the whole circle of existence, and equally good results may be accomplished in certain instances by changing the vocational objective. We cannot presume; we must investigate and examine. A noted

psychologist, in explaining his field, related the following incident:

> "My tailor's son, a boy of fifteen, has brought in my other suit of clothes, which his father has pressed so I can go to a dinner this evening. Since my mind at this moment is on vocational guidance, I said, 'Sonny, what are you going to do when you get out of school?' Without a moment's hesitation, he said, 'I'm going to be an expert accountant.' 'Well,' I remarked, 'that's fine. Are you pretty good at figures?' 'Aw,' he said with boyish enthusiasm, 'they can't touch me; I've got 'em all skinned.' "

The psychologist closes by saying that a psychologist can do nothing for this boy and does not wish to. This was merely an assumption on his part. The only thing he had as a basis for his opinion was an expression of enthusiasm, optimism, and interest on the part of the tailor's son. These things are good only relatively. If the more fundamental personality traits and abilities indicated a false foundation for them, their value would be dubious, and what a dreadful emotional state might later be provoked in that boy's life. The hopelessness that comes from the realization of failure is comparable to the mental damage done by a physical injury that robs the person of his opportunity to carry on in his chosen field.

We must, then, take off the topsoil and reach what is more or less of a permanent, deep-rooted nature. Then we have reached the individual, and the qualities that make him an individual. We must operate quietly. It is dangerous to attempt to blast out the obstructions because in doing so we may destroy the individual. There is an old saying that as the twig is bent, so the tree will grow, but the bending of that twig does not change an oak into a maple or a cottonwood into a northern spruce. We can remove the influence that bends the twig, but the character traits of the oak, the maple, and the cottonwood remain, and the world and industry cannot be served without taking them into consideration. We are seeking the true personality characteristics, the characteristics that make the personality individual. One stirs the multitude by his power of leadership; "he also serves who only stands and waits."

At bottom, then, the situation is one calling for an adjustment that can be achieved only through proper understanding

of the individual and such modification of conditions as may be necessary to enable him to function at his best. Some people are like driftwood on the stream of life. It comes to a cross current—it bobs and turns, it sinks and rises—a slight touch of the hand will be the difference between the current that carries it into the marsh grass or the current that carries it on down the stream. The marsh grass on life's edge is full of such decaying flotsam. The hand was not there to guide it.

These principles are equally applicable to the vocational adjustment or readjustment of disabled persons. The relationship between employment and personality is the same; the introduction of a physical or other disability only makes the task of adjustment more difficult. This provides us with further material for discussion. We have, on the one hand, such expressions as, "To the swift belongs the race," or "the survival of the fittest," while on the other hand we may find consolation in such adages as "Slow, but sure," and, "Haste makes waste."

Considered from the physical standpoint only, the first two of these adages are very disheartening, and if the readjustment is not made by selecting primarily a job that does not require the use of the disabled member, or that is not impeded by other disabilities, then the physically handicapped person is subjected to failure, continued replacements, lack of advancement, and discouragement. These will undoubtedly be attributed to the disability, or perhaps to the unsympathetic attitude of the employer or his unreasonable objection to the disability. The history of vocational work is full of such mortalities.

There has existed—and still exists, unfortunately—a common belief that a list of job objectives can be compiled suitable to various types of disability. While we might argue for such a list as a stimulant to the adviser of limited vision, it would be most limiting in the hands of just such a person. People do not succeed in employment because of their disabilities.

Fortunately, the phrases, "survival of the fittest," and "To the swift belongs the race," do not apply merely to physical conditions. It is, on the contrary, a question of the whole person and of all those things that make up his indi-

viduality. Physical disablement becomes a limiting factor in employment to the degree to which obstructive individual characteristics, including lack of education and of intelligence and other personality traits, supplement it and become the real obstacles. Obstructive personality traits are often responsible for attracting attention to the disability, thereby giving it a relatively increased and unreal importance. There then ensues a conflict, in which the employer or the business demands hold the advantage, ending in the complete defeat of the prospective employee, usually on the grounds of the physical disability. Employers have admitted that they did not object to taking back a disabled former worker because of his disability; but because of certain personality traits that were objectionable to them, they were glad that he was out of their shop.

I am not contending that certain disabilities do not eliminate certain specific types of employment, but I do contend that when a man has followed the sea for many years out of sheer love of that life, it takes more than the loss of both legs to make him a suitable employee for an inside bench job for the remainder of his days. The solution of that problem is to be found only in an analysis of his general personality characteristics—in other words, in what he *has* rather than in what he has *not*.

I am not dealing here with dormant abilities. I am not considering the existence of knowledges and skills that make possible the turning to other lines of work with the prospect of the same success as in the old job, from which the patient is now barred by his disability. That is another story, but the search for such hidden abilities goes hand and hand with the study of personality traits. The existence of certain fundamental characteristics may, however, prevent a disabled person from capitalizing on these other abilities, even when they are discovered.

In this connection I might mention that there does exist a barrier to the rehabilitation of the disabled which has nothing to do with personality traits or ability. I refer to the system of physical examination for prospective employees. People with physical disabilities are frequently rejected as hazardous, more liable to injury to themselves or more likely to cause

injury to others. Such a system automatically bars them, giving no consideration to a possible job adjustment based upon physical capacity, skill, and personality fitness, and with due regard for the rules of safety and health. Companies that employ such a method have no proof to support their position.

Let me tell you about two cases of disabled people in which personality factors were used to bring about a satisfactory job relationship. The first of these is that of a woman who, at the time of her injury, was in her middle thirties. Although she had trained herself as a stenographer in her early days, she had risen rapidly to positions of executive importance. She had done a form of bookkeeping in connection with a large jewelry-findings company. She had handled their records and their pay roll and was considered a most efficient employee.

She had never been a good mixer. She was fond of entertainment of a musical nature, but cared little for the theater or the movies. She had made a friend and confidante of one woman at a time, with whom she found complete satisfaction. When such a friend would move away, she was disconsolate until she found another one whose tastes were the same as hers. She spent her vacations in travel. She read considerably. She was thrifty and had saved money. Her employers had found her trustworthy and conscientious. She was observant and had initiative, was always punctual and seldom out on account of sickness. She took pride in her personal appearance.

While she was cleaning her gloves with gasoline with the gloves on her hands, the friction caused combustion, and the resulting burns necessitated amputation of the fingers between the knuckle and the first joint on both hands. Considering her characteristics, her past business and social life, you can realize the extreme hopelessness that overtook her. The sight of those amputated fingers wounded the pride that she had had in her appearance and threw her into a neurotic condition that it seemed at first impossible to break up. Discharged from the hospital, she had shut herself up, denying herself to everybody. In this condition we find her, and it is obvious that consideration of the disability as a barrier to

employment was far from being of primary importance at that time.

The recital of her past social existence and work experience meant nothing to her; it was as if she were discussing something unrelated to herself. She was a changed person. Emotion had supplanted reason. Interest was dead. She was fretful, easily irritated, and irritating to others. She had a fear of meeting those whom she had known and developed an argumentative trend. Her one thought was, "I can't do anything."

To win her confidence was difficult, but it was accomplished. Perhaps I may be excused if for a moment I digress from the direct purpose of this discussion to say that in our attack upon this problem for many weeks and through many interviews, the disability and the future were not discussed. The talk was of the places she had been, the things she had seen, the books she had read, the musicians whom she knew—in fact, everything in her life that did not relate to her job. She was led to do the talking, she was given the opportunity of correcting errors that we made in the conversation, and of gradually regaining some confidence in herself through her knowledge of these matters.

The next step was gradually and casually to draw her into assisting in work, merely with a request to "help me with this" or "help me with that," the purpose being to bring about the use of those stumps of fingers. In this stage she became dependent. "Tell me what to do" took the place of "I can't do anything."

It is interesting to note here that one sympathetic person suggested that she might become a switchboard operator. This was based entirely upon consideration of her disability, and because the requirements for this job in small offices or apartments are not very demanding and the person is not too conspicuous. We were aiming, however, at putting her back in employment with a full understanding of her real personality characteristics as evidenced by her past mode of living. She did not want social life, but she did want to be responsible for something. That was the predominating natural characteristic. She was resourceful and observant. She had initiative and imagination. She was thorough, exact,

and had an excellent memory. She had proved her executive capabilities and tactfulness in her past vocational experience. All these qualities were submerged and must be reclaimed.

Her over-sensitiveness to her own disability was overcome by arousing her interest in others who were disabled. This developed in her a desire to make herself believe that her own disability was insignificant. In her attempt to convince herself of this she flaunted her hands more prominently than was necessary in public. Thus there developed another rather delicate situation that had to be handled.

Not to spend too much time on detail, though it all makes very interesting material for the study of assumed personality traits, this woman, step by step, through many contacts and over a long period of time, was brought nearer and nearer to a goal that met her natural personality demands until finally it was reached. She secured employment as librarian of the library in a large hospital. Under her jurisdiction were both the medical library and the library of books for patients. She had to know the types of book that the patients read and enjoyed, and in order to know this, she had to know something about the characteristics of her patients. Upon her rested the selection of the books. She showed her initiative in putting suitable books into the various wards, as she had discovered that patients were more apt to read if the books were around than if they had to send to the library for them. Thus, she found herself with the books that she loved, with a job that demanded her attention and that gave her a great degree of responsibility.

In solving the problem of this woman, it was her personality traits, not her disability, to which consideration was given. With full understanding and constant altertness to her reactions a job was sought whose characteristics would be suited to her abilities and needs. Compare this job with the job she might have been doing as a switchboard operator, and consider her feelings as a switchboard operator as she looked back at the life which had been denied to her.

Then there was a man in his late thirties who all his life had been a mechanic, a ship worker, and who, as the result of an accident, had had his right arm amputated above the elbow. This man had been very efficient; he had all those

qualities that an employer likes to find in his help. He worked at his job because he loved that type of work. He wanted to be on the job and doing something; he wanted to be with the men, to be handling the tools, to be taking a man's part in the construction of ships. It was suggested that he might be a material checker. This suggestion was made from the standpoint of his disability, without consideration of the activities that his whole character demanded.

The final job readjustment was further evidence that the solution is found in what a man *has* and not in what he has *not*. It was decided to put him back into the shipyards. He was told that his only chance lay in learning to use an artificial arm.

His character had not been misjudged. With patience and perseverance he developed great proficiency in its use. He was returned first to a job in the stockroom, where he further developed, and demonstrated to the satisfaction of his employers, the use of his artificial arm on the job. From this job he went back to his old job as a maintenance man. With his artificial hand he used his monkey wrench effectively. He was restored to his old rate of pay. This man, because of his personality qualities, which were in tune with the demands of his job, was more secure on that pay roll than any of his more physically fortunate associates who did not have those same personality traits. This job was not selected for him because it was suitable to his disability, but because it fitted him and he had proved it.

Vocational guidance or job selection cannot reach its greatest success without the understanding of personality characteristics both in the individual and in the job. Further, to pick a specific job is a dangerous practice. The expressed-interest factor may be on an emotional base rather than founded on bed rock. It may indicate only dissatisfaction with existing conditions, or it may evidence general conditions common to a range of jobs. Again, it is often the result of ignorance of other vocational objectives. Expressed interest is only indicative, not final.

Personality traits and abilities indicate a range of job opportunities in which the demands harmonize with those of the individual and so tend to promote his happiness and suc-

cess. Thus, a person may move from job to job in a different work with equal success, for it will be found that each demanded the very qualifications that he possessed and gave him full opportunity to exercise them.

It so happens that a disabling accident, like a blast that disfigures the landscape, throws out a volume of emotional débris which frequently submerges the real personality traits of the individual. This same upheaval, however, may expose, or make possible of discovery, valuable materials that have lain dormant and hidden.

In closing, may I suggest that personality analysis and adjustment, psychological investigation and prescription, and psychiatric examination and treatment are all aimed at the same objective—the placing of a person in tune, may I say, with his surroundings, so that he will be contented, his work contacts satisfactory, and his social contacts harmonious, full opportunity thus being provided for the development and use of his maximum mental ability.

I WROTE ABOUT DOGS

A MENTAL-HYGIENE NOTE

JAMES H. S. BOSSARD

The William T. Carter Foundation, University of Pennsylvania, Philadelphia

THE rôle of domestic animals as household pets, their importance as a factor in family relations in general and in mental hygiene in particular, seems to be strangely neglected in the serious literature in these respective fields. Some years ago, as a step toward more adequate consideration of that rôle, I made a series of case studies and ultimately published part of the summary of the study in MENTAL HYGIENE, under the title, *The Mental Hygiene of Owning a Dog.*[1] The present article is a summary of my experiences with that article in the five years from July, 1944, when it appeared, to July, 1949. It is offered as a serious note to all students of human relations, and of mental-hygiene problems in particular, since it seems to reveal certain basic interests and needs of real people in the everyday world.

The story begins on Saturday, August 12, 1944, when the *New York Sun* devoted its leading editorial to the original article, praising it as a "piece of factual reporting," and pointing out that "among the great needs in the complexities of modern civilization are those of conquering inhibitions, of blowing off steam without damage, of getting away from larger problems to such simple things as the care and feeding of pets." The caption of the editorial read, *Towser, M.D.*

Next the article fell under the eye of Mr. Arthur E. Patterson. In the *New York Herald Tribune,* of August 14, 1944—writing appreciatively, but with tongue deep in cheek—Mr. Patterson, after following the Brooklyn Dodgers for the greater part of the summer, recommended the article for Brooklyn baseball writers, as well as "to other persons interested in mental problems."

In due course of time, four veterinarian journals republished the article as it had appeared in MENTAL HYGIENE, and

[1] See MENTAL HYGIENE, Vol. 28, pp. 408–13, July, 1944.

at least one result of these printings proved to be of direct advantage to the author. The incident involved one of my students, an attractive young woman married to a budding veterinarian. Her husband had not taken kindly to her choice of a course in sociology to meet her university requirements, counseling rather courses in chemistry and Latin. There had been several domestic arguments about the sociology course when the husband read the article in his professional journal, and saw in its emphasis upon domestic pets an aid to his professional practice. Shortly afterwards, his wife enrolled in a second course in sociology with me—at her husband's earnest suggestion. Obviously academic recognition of various disciplines comes about in devious ways.

Almost simultaneously with the republication of the article in the veterinarian journals, permission was granted for its use as a tract by several organizations interested in the prevention of cruelty to animals. Ultimately, more than 125,000 copies were printed for this purpose. This was a utilization that I had not foreseen, but one in which it was a pleasure to coöperate.

Meanwhile, a leading Philadelphia newspaper reproduced the article in its daily columns, accompanied by a photograph of "me and my dog," the photograph alone covering one-eighth of a newspaper page. One incidental feature of this incident warrants comment. The appearance of the photograph was remarked upon by all the neighborhood children who came to our home habitually, and the references were all to the fact that "Josey Bossard [my dog] had her picture in the paper." Such references—and omissions—aid mental-hygiene in placing one in one's proper proportions.

Finally, there has been the distribution of reprints. Several hundred of my own were quickly exhausted. From The National Committee for Mental Hygiene comes the following information, as summarized in a letter dated August 4, 1949, from Nina Ridenour, Director of the Committee's Division of Education. She writes:

> "Since the article first appeared, we have sold approximately 1,500 copies. The member of our staff who is in charge of the distribution of literature at conferences tells me that she often has had people come up to her table who were looking for that particular article and ask, 'Is this

where I can find the pamphlet about a dog?' She says they often buy an additional copy for a friend or if perhaps they are accompanied by friends, the friends will buy several for other friends. In view of the fact that this has not had wide distribution among homogeneous groups as do some of our pamphlets, I think the number of 1,500 is quite a large one to have been purchased by individuals, usually in single copies or quantities of not more than a few. It still seems to have a steady sale and, like you, we find that scarcely a week passes when some one does not write to us concerning it."

These published comments and republications served to bring the article to a relatively extended reading public, and within a comparatively short period of time. Probably they explain in large measure the next phase of the author's experience, as involved in a deluge of personal mail regarding the article. Between August 1, 1944, and August 1, 1949, a total of 1,033 letters relating to this article, or to the general subject of dogs as domestic pets, have been received. The number of these letters is imposing, especially when compared with the experience resulting from other articles I have published. Although I have contributed more than a hundred articles to a variety of journals, many of them dealing with controversial issues and all of them confined to the field of human relations, no other article has brought forth such a flood of letters. The nearest approach was an article on family table talk, which yielded exactly twenty-five letters from readers.

More striking than the number is the variety of the correspondents. These range from a high-ranking official in the executive branch of the federal government and a noted New York banker, on the one hand, to a farm boy in Delaware, who wrote just to say that he, too, loved dogs, and a fourteen-year-old lassie who wrote to ask for help for a pet poodle whose bowels yearned constantly, but not with compassion. One specific group consists of letters from thirty-one medical men, mostly psychiatrists and neurologists. These letters were mostly brief and businesslike, asking if reprints were available and in what number. Eight physicians, serving as faculty members in medical schools, wrote and asked for duplicate reprints. It seems a reasonable assumption that this material was utilized in professional treatment or education.

Taken as a whole, these 1,033 letters seem to have come

from a typical cross section of the American reading public. Selected excerpts will serve to illustrate this fact.

"I have just read your pamphlet on the mental-hygiene of owning a dog, and I loved it. We are a dogey family and have brought up thousands(?) of pups and many other families of all sorts of animals. I wish that I could have written it because it expresses just the ideas that are in my mind. It should be sent to many people that I know." This from a letter by the wife of a prominent clergyman.

"My family," writes a well-known social scientist, "has been talking over your article, *The Mental Hygiene of Owning a Dog*. We have a lovable setter. If only human beings could be as understanding."

"To a psychiatrist," writes a member of that guild, "your article is good mental hygiene, and to dog lovers, it is good sense."

Finally came a letter from an official of a civil-rights commission who wrote so scathingly that good taste and the accepted rules of scientific publications forbid the reproduction of the letter. His complaint was that the article was anti-Semitic. The basis for this charge was as follows: In the article, reference was made to the fact that a dog often reveals the underlying feelings in a neighborhood, and that persons treat neighbors' dogs in ways that indicate their attitudes toward the neighbors themselves. One of the specific instances cited from the case studies upon which the article was based was that of a case in which a dog was threatened because he belonged to a Jewish family that had recently moved into the area, and whose presence was resented as a threat to property values. This letter obviously reveals a distinct mental-hygiene problem in itself.

Next to the letters were the callers whom the article brought to my door. These visitors were mainly dog lovers. Some of them called to show me their dogs and to tell me of their pedigrees; others sought advice on the breed of dog to buy, as exemplifying the dog traits of which I had written. Several men called to tell me how their wives, grieving over the absence of sons in the armed forces, found comfort in dogs as substitutes. One caller was profuse in his appreciation of the improvement in his wife's disposition after the adoption

of a cocker spaniel. Another noted a vast change in his wife's health following the purchase of a Scottie. (Two years later, he called to present his second wife, and a new dog.) Still another had developed a patented equipment for a dog in the home which he attributed to an interest growing out of the article. (I have received no share in the royalties to date.)

Perhaps the most dramatic memory of these callers centers around the best dog fight that I have seen. It came about as follows: An elderly gentleman came to call in the cool of a July evening, to tell that he had read the article and wanted to show me his pedigreed pup. I invited him to sit on the lawn at the rear of the house, and I lifted the canine caller to my lap the better to appraise him. My own dog, a highly possessive female, turned the corner of the house just at the moment when, my examination completed, I was returning the visitor to the ground. What followed in the next few moments was highly hectic, involving two dogs, two middle-aged men, three adolescents, and a friendly neighbor. Peace was established, ultimately, by force of might.

It seems pertinent to include, too, one's experiences with the article in the teaching of university classes. Contemporary college students, as almost every one knows, constitute a sophisticated and critical audience. At times I have been tempted to announce to an assemblage of them that I have just returned from the moon and will now summarize the latest football scores from the lunar Ivy League, in the hope that something might pierce the acquired poise of their adolescent maturity. To all this there is one notable exception. Each year, in a course dealing with "Family Relations and Child Development," I summarize the dog study and my experiences with it. This breaks the ice as nothing else can. Beginning by learning of the dog members of the families of my students, I come to learn of the human members. This is particularly true in the case of normal families, and I belong to the school that believes that normal families, and an understanding of them, are also deserving of scientific attention.

The personal element in this rather autobiographical account is entirely incidental. The essential fact is the importance that real people seemingly attach to domestic ani-

mals as household pets. The responses to the original publication of the article were so frank, so spontaneous, and from such a large segment of the population, representing such a wide range of social strata, as to leave no doubt that the love of animals by humans is one of the universals in the existence of both. Household pets are an integral part of family life; they must be considered as a basic implement in mental hygiene.

FIFTY YEARS OF THE JUVENILE-COURT MOVEMENT IN THE UNITED STATES

JOHN OTTO REINEMANN
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FIFTY years ago, quietly and without benefit of newspaper headlines, a law was passed in the state of Illinois that was destined to become a spectacular landmark in the annals of social legislation. This act of April 14, 1899, which went into effect on July 1 of the same year, created the first juvenile court designed to provide care for neglected and dependent children and to use methods of treatment instead of punishment for delinquent children. While some beginnings had been made earlier in other countries—Switzerland, South Australia, Canada—to handle cases of children accused of crime differently and separately from cases of adult offenders, the setting up of a special court for children and the establishment of a new procedure constituted an important American contribution to progress in the child-welfare field.

This forward step was due to the efforts of a number of men and women with keen social vision who had rendered outstanding service in the fields of law and social welfare. Among them were Judges Harvey B. Hurd and Julian W. Mack, both of Chicago; Judge Ben B. Lindsey, later first juvenile-court judge in Denver (Colorado) and well-known author on problems of youth and marriage; Dr. Hastings H. Hart, Director of the Illinois Children's Home and Aid Society; Bernard Flexner, lawyer and author; Jane Addams, of Hull House and the world; and Julia Lathrop, later to become first chief of the U. S. Children's Bureau.

The report of the Committee of the Chicago Bar, which was instrumental in drafting the bill, described the philosophy of the juvenile court as follows:

> "The fundamental idea of the juvenile court law is that the state must step in and exercise guardianship over a child found under such adverse

> social or individual conditions as develop crime. . . . It proposes a plan whereby he may be treated, not as a criminal, or legally charged with crime, but as a ward of the state, to receive practically the care, custody, and discipline that are accorded the neglected and dependent child, and which, as the act states, 'shall approximate as nearly as may be that which should be given by its parents.' "

These principles, written in 1899, are still valid to-day.

The Illinois example was followed in rapid succession by many other legislatures. Within ten years, more than twenty states had passed laws providing for some kind of juvenile court. To-day, all the states of the Union, the District of Columbia, Alaska, Hawaii, and Puerto Rico have juvenile-court legislation on their statute books. A federal juvenile-delinquency act, establishing special procedure for youthful offenders against federal laws, was enacted in 1938.

All these laws, notwithstanding a number of variations regarding jurisdiction and procedure, are based on the principle that children under the jurisdiction of the juvenile court are wards of the state, subject to its authority and entitled to its protection. The state, acting through the court, has the right and the duty to intervene in order to safeguard children from neglect or injury. The emphasis of the court's attention is placed upon the understanding of the child and the meeting of his needs. The court acts "*in loco parentis*," either because the parent wilfully neglects his duties toward his child or abandons him, or because, due to the death, sickness, or other incapacity of the parent, the child requires court action, mostly in the form of placement. These cases of child dependency and neglect which are part of the juvenile court's jurisdiction in many states are frequently overlooked in the public appraisal of the juvenile court's activities, although they constitute over one-quarter of the case load of juvenile courts. Some states have also conferred upon juvenile courts exclusive jurisdiction over feebleminded children, physically handicapped children, cases of guardianship, custody, illegitimacy, adoption, consent to marriages of minors, and annulments of marriages of minors.

The most conspicuous work of the juvenile court naturally centers around the delinquent child, although the line between dependency, neglect, and what is classified as delinquency often is very thin. It is in this field, too, that the juvenile

court has made its major contribution. Most juvenile-court laws define delinquency in a very broad way. The violation of a state law or a municipal ordinance is usually mentioned as the principal category. In addition to that, incorrigibility, waywardness, habitual disobedience, habitual truancy from school or home, endangerment of morals of self or others, association with immoral persons, and similar forms of misconduct are considered delinquent behavior.

Who is "a child" according to juvenile-court legislation? Since the jurisdiction of most juvenile courts includes cases of dependency and neglect, no minimum age is mentioned in most of the statutes. In delinquency cases, seven years is usually considered the lower age limit, based upon the common-law concept that a child under seven years of age is "incapable of felonious intent." Statutory provisions regarding the upper age limit, however, still present a picture of wide diversity. The Standard Juvenile Court Act, prepared by the National Probation and Parole Association in 1923[1] and used as a model for the drafting of legislation in many states, gives the eighteenth birthday as the maximum age. Actually, the majority of jurisdictions have adopted eighteen years as the age limit, while some states set sixteen, seventeen, or twenty-one years as the upper age limit.

It has been estimated that there are about 3,000 juvenile courts in this country. A number of them are separate and independent juvenile courts. In the large majority of communities the existing county, probate, municipal, district, superior, common-pleas, quarter-sessions, circuit, and other courts are given jurisdiction in juvenile cases and, while functioning in this capacity, are called juvenile courts. Some juvenile courts are administratively combined with other special courts, also created to handle cases that present social problems, as, for instance, the Municipal Court of Philadelphia, which has broad jurisdiction over all such matters requiring adjudication. The juvenile court may also be a subdivision of the domestic-relations court, as, for instance, in New York City, or a coördinated branch with a domestic-relations division, as in Richmond, Virginia, and in several

[1] The Standard Juvenile Court Act has been changed several times. It is now published in its revised edition of 1949.

Ohio cities. Utah, Connecticut, and Rhode Island have set up state-administered and state-financed juvenile-court systems which operate in larger jurisdictional areas within these states.

The procedure in a juvenile court, which legally is a court of equity, is marked by its informality, its flexibility, and its power to alter decisions at a later date at discretion, whenever changes in the personality development of the child or in the social setting of his family warrant such alteration. The aim of the court is the reclamation or rehabilitation of the child. Social investigations are, therefore, made by the probation officer, acting as the court's social-service worker, prior to the court hearing to determine the child's needs. Increasingly, too, physical and mental examinations are given. The judge's decision is thus guided by these findings. The court hearing itself should be devoid of all criminal aspects; particularly it should not be open to the public. A growing number of judges prefer to hold informal hearings in chambers with only the child, his parents, and the probation officer present.

In the largest proportion of cases—other than those dismissed with a reprimand to child and parents, but without any further court action—the child is allowed to remain in the natural environment of his home under the supervision of a probation officer. If the supervision, training, or treatment required by the child cannot be supplied in his own home, he may be committed to a foster home, preferably through a child-placing agency, or to an institution. Considerable latitude is allowed for other types of disposition, especially reference of cases to child-welfare, health, and character-building agencies.

During the past three decades, there has been a constant effort on the part of juvenile-court officials, governmental agencies, professional organizations, and citizens' groups to strive for high standards in juvenile-court administration. Such a program was adopted in 1923 at a conference of the U. S. Children's Bureau and the National Probation and Parole Association, and was reaffirmed at the 1930 White House Conference on Child Care and Protection. These standards include broad jurisdiction in cases of children under

eighteen years of age who require court action or protection because of their acts or circumstances; a judge chosen because of his special qualifications for juvenile-court work; a well-qualified probation staff; informal court procedure and private hearings; adequate detention facilities; and the availability of resources for individual and specialized treatment, such as medical, psychological, and psychiatric services, foster-family and institutional care, and recreational services and facilities.

This program, however, is still far from being generally translated into practice, and many so-called juvenile courts use only slightly modified criminal procedures.

More than in any other courts, the judge of the juvenile court has to rely on his aides, particularly on the probation officer. The National Probation and Parole Association reported in 1947 that out of a total of 3,071 counties, 1,610 counties had no probation service for juveniles. In many of these counties the lack may be attributed to the comparatively small number of children referred to the court. In other instances, however, it is due to an uninformed public opinion, to penny-pinching fiscal authorities, to judges without social vision. Any one of these factors or all three combined may prevent the launching of a probation program, although it is vitally needed in that locality.

On January 1, 1947, there were 3,681 probation officers for juveniles in the continental United States, appointed locally or as state employees. Spearheaded by the National Probation and Parole Association, valiant strides have been made toward recognition of the job of probation officer as a profession. Many courts require training in social work, psychology, and sociology as a prerequisite for entrance into the career of a probation officer. In-service training courses for probation officers are provided to keep the job performance on a high level. But in too many communities, the practice of political appointments has not yet been abandoned in favor of civil-service or merit-system selection. The salary scale for probation officers, with a few notable exceptions, is inadequate, and guarantee of tenure is widely lacking.

The juvenile court is not an isolated entity. In order to operate well, it needs the coöperation and the efficient functioning of other agencies. Here the police, as the referring

source in 70 per cent of delinquency cases, have a particularly important rôle to play. The methods and aims of the juvenile court are often misunderstood by the police officer who is trained exclusively along lines of crime detection. A more intelligent working relationship between these two agencies—court and police—is needed in many places. Promising beginnings have been made in a number of cities, principally through the establishment of juvenile-aid bureaus within the police departments and the appointment of crime-prevention officers, men as well as women, especially assigned to work with children.

Detention facilities are inadequate in a great many communities. The national disgrace of keeping children who are awaiting court hearings in jails, and commingling with adults accused of crime, has in recent years been the subject of widespread publicity. A number of communities thus were startled into action. Well-equipped and staffed detention quarters, in which the emphasis is less on custody than on the study of the child's personality and his needs, are being planned and in several cases have already passed the blue-print stage. Foster-home care, often difficult to secure even for the well-behaved child in need, is all too rarely available for the child who shows behavior difficulties; a remedy for this situation should be the concern of public and private child-placing agencies.

Institutional facilities suffer under many handicaps, primarily caused by unwise public economy. Many institutions are built for too large a number of children, thus precluding the personal attention required by many youngsters committed to these training schools. Some of the most obvious blemishes of our institutional program are overcrowded conditions, untrained and underpaid personnel, lack of vocational-training opportunities, absence or dearth of psychiatric and counseling services, and placement of psychopathic or feeble-minded children in institutions for delinquent, but mentally normal children, because of lack of specialized facilities.

On the other hand, there are many signs of improvement. State departments of welfare and correction have begun to appraise existing needs in the institutional field and to devise a planning program in order to close the gaps. Guidance clinics and diagnostic-classification centers are being estab-

lished, so that the specific treatment requirements of an individual child may be determined and commitment to specialized institutions may be made after a thorough study and observation of the boy or girl.

Evaluating the first half-century of the juvenile-court movement, we may well be encouraged by the progress that has been made, even if we are sometimes impatient that the advance has not been more rapid and more universal. Reviewing the history of this particular span of time, we realize that it began only one year after the Spanish American War; that it includes the Presidency of Theodore Roosevelt, World War I, the Depression, the New Deal, the Second World War, and the beginning of the Atomic Age. These are not merely historical events, but landmarks of tremendous political, social, economic, and cultural changes. Present-day civilization exerts its influence upon the child through technical media such as the automobile, the moving picture, and the radio, unknown at the time the juvenile-court movement began. The speed of this same technical development has also been held responsible for such phenomena as mass unemployment and social insecurity. The conception of the value of discipline in family and school has undergone a tremendous change. The pendulum has swung from a demand for the strictest discipline to the granting of almost unchecked freedom, and the proper middle-of-the-road solution has not quite been found.

There have been many significant changes in the sociological field, also. Mass immigration virtually ceased after 1924. The children of immigrants have become totally Americanized. During both World Wars many families, particularly members of minority groups, migrated to the industrial centers in quest of employment. Social security is not only an administrative machinery, but an idea occupying the political mind of the citizenry.

The progress of modern science, particularly in the realm of biology, psychology, psychiatry, anthropology, and sociology, has deeply influenced the work of the juvenile court. The advances of social case-work, of counseling techniques, and of group therapy have left their imprint upon the probation departments, the clinics, and the research institutes that function as auxiliary services to the court. The children's

court has become a laboratory in which the disciplines of law, medicine, and social science have joined forces in a common effort.

One of the most significant effects of the juvenile-court movement has been the expansion of its philosophy beyond the original scope. This has been apparent in the establishment of special adolescents' courts in a number of cities—New York, Philadelphia, Chicago—for minors above juvenile-court age. These courts are governed by the same basic principles as the juvenile courts; they probe into the causes of delinquent behavior and prescribe treatment with a view to rehabilitation. The Youth Correction Authority, promoted as an idea by the American Law Institute and translated into reality in California, Minnesota, and Wisconsin, is another example. This authority is a centralized state agency to which offenders up to twenty-one years of age are committed by the court for disposition of their cases. A board of legal, educational, and correctional experts decides the type of treatment for the individual offender, after a study of his personality background.

The influence of juvenile-court philosophy and practice has also made itself felt in the trials against adult offenders. To-day, an ever-increasing number of judges in our criminal courts realize the necessity of knowing more about the offender than the trial, with its strict rules of evidence and its exclusive restriction to the determination of guilt or innocence, is apt to reveal. In order to pronounce a sentence that will promote the rehabilitation of the offender, the judge must have knowledge of the personality of the defendant, his social environment, his physical and mental make-up; he must have insight into the defendant's personal needs and, if possible, into the reason for his antisocial conduct. The pre-sentence investigation supplies him with this information. One of the most important features of juvenile-court procedure thus finds increasing recognition in the handling of adult offenders. In addition to the social investigation, examination of the offender by psychologists and psychiatrists are requested by some courts.

Probation, used as an important tool of modern juvenile-court procedure, has in recent years more and more influenced

the application of probation to adult offenders. Supervision of adults on probation, though in some jurisdictions still not more than a routine "roll call" in the form of the probationer's reports in person or by mail, has by now been recognized in many progressive courts as a positive and scientific form of correctional treatment. Here, the fruitful experience of employing case-work principles in the supervision of children has stimulated the use of advanced methods of guidance and counseling of adult probationers. The constructive use of authority in juvenile cases has pointed the way to a similar approach to the adult offender. The probation officer's use of community resources in the fields of health, family welfare, recreation, and vocational guidance has proven of equal importance in juvenile and adult cases.

Many countries have followed the American example and created juvenile courts adapted to their own needs and governmental structure. Recently, the Division of Social Activities of the United Nations asked a number of practitioners in the field of delinquency control throughout the United States to prepare reports on the principles and methods employed in our country in handling the problems of the juvenile offender. Two subcommittees, one on juvenile delinquency (under the chairmanship of Katherine Lenroot, Chief of the United States Children's Bureau) and the other on probation (under the chairmanship of Joseph P. Murphy, Chief Probation Officer, Essex County, Newark, N. J.) have been at work on these statements, which should serve as a basis for recommendations to be made to the Economic and Social Council for distribution among all member nations of the United Nations. As Americans, we should feel very proud of being called upon to prepare these reports for use all over the globe. However, this should not cause us to be smugly satisfied with our achievements, but should rather make us realize our great responsibility for providing and maintaining continuously improved services everywhere in the U.S.A. for children in trouble. The juvenile court, during its second half-century, will have a constructive rôle to play as an important agency within a comprehensive child-welfare program.

BASIC ATTITUDES AND GOALS OF THE THERAPIST

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CERTAIN attitudes must be possessed by one who would understand the child or the adult with an emotional problem who comes for help. Above all must there be a loving spirit, a willingness to give, and the relinquishing of considerations of self. The more we want for ourselves, the less we will have to give to those who need our help, and there is so much that we want, so much more than we suspect—payment not merely in the shape of a fee, but in respect, admiration, reverence, appreciation, gratitude, and love. When these needs of ours are not met, we are tempted to respond with lack of interest, rejection, or an angry retaliation that may show itself in various kinds of punishment.

One day a boy whom I had been treating for a long time announced his presence by throwing a snowball into my office. I was tempted to become angry. I had already done so much for him and had offered him so much in the way of interest, affection, and love that his hostile return tempted me to love him less. It was only by conquering my own temptation to anger, by overcoming my own need for gratitude and appreciation, that I was able to understand him and to keep on loving him.

He was an illegitimate boy, deprived of a father's love and interest. The kindness that I had shown him over a long period of time had finally given him courage to wish that he could have me as a father, that he could always possess my interest and love. Unfortunately his experiences in life had been so painful, the rejection of him by his mother had been so thorough, that he was convinced no one could love him. The temptation to express his need, to be the son of a loving father, only increased his fear that he would be spurned, repudiated, and rejected. He was so convinced that this would happen that he was almost overwhelmed with anticipatory anger.

It might be remarked, too, that his angry gesture was a way of denying the yearning within him for my love, a yearning that he was sure would bring him only increased pain. It was so important for him to be told that it was proper for him to have such yearnings—that while I could not be his father, I could genuinely love him—that his whole life's happiness depended on his becoming convinced that his reaching out for love and respect would not meet with rebuff and rejection. Any diminution of my love for him that I might have manifested in angry words or looks would have been very traumatic for him, would have driven him so much further away from me and so much further into an unapproachable inner refuge where, surrounded by a bitter hate, he could isolate himself from the world.

It is a mistake to suppose that our ability to understand and to help others depends primarily on our greater intellectual appreciation of emotional problems. Not so. It depends far more on the building up of the kinds of attitude I have been describing. The next story points this up even more clearly.

One night when I was officer in charge at a large convalescent hospital treating returnees with severe anxiety, I was called to take care of a drunken sergeant who was creating a wild uproar. As soon as I appeared, he gave me his exclusive attention in the form of denunciation and swearing. I had to have him placed in a prison cell.

A half hour later I received word that he wanted to see me. I visited him only to be met again by a wild outburst of swearing and cursing. Twice more in the next two hours did I visit him at his request, only to be similarly received. On the last occasion I went into his cell. The two of us sat side by side on his cot. He continued to call me every bad word he could think of. I was angry and frightened and spoke to him about a court martial.

It was only when I could begin to conquer my own need for reassurance, to stifle my own need for respect and reverence which had been attacked by his outbursts, when I could forget my own fatigue and bitterness and discouragement, that I could begin to understand what was going on within the human being beside me. I became aware of the fact that he was holding my hand. A light dawned on me. He

was complaining about the torturing doctors who had insisted on obtaining stories from him. Nevertheless, unsolicited by me, he went into the most detailed account of all the horrible experiences he had undergone overseas, experiences that had been so shattering, so filled with death and destruction, that he had come back to this country no longer feeling able to cope with his world as an adult. His chest was covered with medals. His sense of masculine pride and his need to remain heroic prevented him from confessing directly the strongest need within him—to hold some one's hand for protection and solace. This he was doing now. He was holding my hand, but he could do so only by first swearing at me. It was by realizing that this was his way of saving face that I could understand and sympathize and love another fellow human being in spite of his hostile demonstration to me.

How often does it happen that a human being is not understood and not helped because some one is unwilling to give! How often does it happen that we spurn the people who come to us for help by our lack of interest and love, by our own need not to be disturbed, and above all by our own avidity for appreciation and respect! It is these improper attitudes that bring about the tendency to try to solve problems by sweeping them from sight or by harping on an ineffective type of discipline, a discipline that only demands, that never gives. It is common sense to accept the fact that sometimes children and adults require restraint to protect themselves and others, but this is far different from the blind, harsh, unloving punishment that so often is meted out. When it is necessary for us to restrain some one, then it is even more important at the same time to offer help to the disturbed individual who has to be restrained.

I think of the army officer, a returnee, who had undergone very harrowing experiences in combat, and back in this country drank to excess and misconducted himself. He required restraint. He was placed in a prison ward. When I visited him there, he reminded me reproachfully of his long stay in prison camp overseas and of the tortures to which he had been subjected. Had I placed him in the prison ward in a spirit of punishment, I would only have added to his injury which already was great. It was only because I was able to tolerate his yelling at me and to keep on loving him that I could understand what it was that he was trying to do.

I visited him every day during his stay in the prison ward, brought him magazines, and made him as comfortable as possible. It was important to make him see that, unknown to himself, he had been determined to get himself locked up. He was afraid to be free in the world. As an adult, he could only again be forced into a danger that he was sure would now be fatal. Being locked up was the only way in which he could ask for protection. He wanted to be a little boy again and have a strict, punishing father who would keep him at home and not permit him to go out and face dangers.

There is so much confusion about the real meaning of discipline. It is possible to ask a great deal from human beings. But the discipline that demands this is most effective when it is accompanied by the giving of a great deal—namely, of love. It is appalling to witness the lack of charity and forgiveness that characterize so much of the dealings of human being with human being. A manifestation of our love is a willingness to share burdens. So often people demand instant and complete revelation and trust. If we really love the people who come to us for help, we will share their burdens with them. We will tolerate their distrust, suspicion, reticence, and even hate. People who come to us for help have often been terribly hurt. How can we expect them in the twinkling of an eye to respond to us with a grateful love?

I remember a boy who spent the first six months of his treatment period, in which I saw him almost daily, in the constant expression of hate. He would deny wrongdoing of which he had been guilty, he would never accept blame. Day after day, he exhibited the same paranoid hatred of the world. He hated everything and everybody. His hatred was finally epitomized in his fantasy of destroying the world. This was a boy who had never been loved. It was important for me not only to give him love, but not to ask anything from him for myself. I didn't demand that he take me into his confidence, that he entrust me with all his secrets, that he confess all his wrongs; nor did I demand that he give me gratitude or love. I only gave to him.

It was only after that long period that he was able to acknowledge that there was something wrong with him and that he needed help, and then bit by bit, over a period of almost two years, he showed me his bitterness, his rage, his deep distrust of people, his conviction that there could never

be love for him, only hatred and rejection. It took fully two years of the most intensive work before he had courage to play a game with me in which he was an auctioneer asking for bids. Only then did he feel a confidence in being able to put himself across, to ask for some one's love and esteem. When this was freely granted to him, he became an affectionate, loving human being. It was almost as if he had had to start life over again. His mother, who had turned her back on him when he was born, had bred in him an intense rage. Now he lived through a new experience in which somebody read a book to him hour after hour. To the new loving world that he had discovered, he was now able to respond with a like manifestation of love.

There are many other stories I could tell that would illustrate the patience and perseverance that are necessary in helping people. As a still further manifestation of our love, there must be a willingness to atone for and to repair the damage that has occurred. This damage is to be thought of not only in terms of a child's life damaged by an unloving mother or father, for example, or of a world damaged in some way by a revengeful child in stealing or some other act of delinquency, but much more important a damaging of God's infinitely perfect plan of creation. It is this spiritual orientation that enables one to see what really is involved in helping other human beings. There is much more to be done than to repair material damage to whatever extent we can. There is something much more important for us to do, and that is through our own love for people and for God, too, to atone for our wrongs and their wrongs by bearing in a loving way the burdens that people bring us. By offering them up to God, we can be engaged in a process of reparation far more significant than the kind of reparation ordinarily described in psychiatric textbooks.

I can think of a boy, illegitimate, without a father to love him and with a mother who hated him and threw him aside. When he came to me for treatment, he had already been engaged for a long time in repeated, flagrant stealing. In the early part of his contact with me, he entrusted me with one of his plans, which was to run away from home and school, to roam through the streets, and to roll drunks. In case he should be caught, he had a note prepared which he

was going to keep on his person all the time. This was a ransom note, in which he explained that he had been kidnapped and held for ransom.

Consider that this was a poor boy whom no one would ever kidnap for ransom. What he was saying in great rage and bitterness was that until the world would pay a ransom, and that in love, he would continue to roam through the world spreading destruction. That ransom has to be paid not only in a kind of intellectual understanding, which to some extent is the satisfaction of one's own need to enjoy one's talents, but also in a willingness to keep on loving some one who repays that love with hate. It was only after a long period in which I had given him much that he finally had courage enough to express his feelings. This took the form of violent attacks upon me. One day while running around the office throwing everything down, throwing lighted matches at me, he announced that he was a V-2 bomb and that I was London. On another occasion after I had fed him milk, he bit my hand and called himself a mad dog.

The whole essence of the therapeutic effort with him was the continuance of love to him, in spite of his hostile manifestations. It is this that essentially constitutes the ransom that must be paid. To bear hatred lovingly is a way of undoing that hatred.

It is to be remembered that the final goal of our therapy is not simply to relieve the child of anxiety, or even to bring him into harmonious loving relationship with other people, but beyond all that to bring him to God. From this standpoint we can appreciate the fact that guidance does not essentially mean pointing a finger in the direction another should follow. A tremendous responsibility is placed upon the guide—the responsibility of standing as close as possible to God so that those who come to him for help will find themselves close to God, too.

Therapy is complete only when the therapist is able to put the hands that have finally been confidingly placed in his, as well as his own, into God's hands.

CAMPING FOR DISTURBED CHILDREN

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MANY articles, pamphlets, and books, published over the years, have contributed to our appreciation of the values of camping for children. These reports have dealt with various aspects of the problem—program, staff, supervision, administration—and as a result of this pooling of knowledge and experience, camping to-day is a much more worth-while activity than it was.

But this is true chiefly for the average camp or rather for the camp that deals with "normal" children. Camping as a tool for helping emotionally disturbed children is a comparatively new field and there is a paucity of literature on the subject. Exchanging views, examining the approaches of others, and even subjecting our own ideas to a critical evaluation are absolute essentials to the development of this special area of camping.

This paper deals with the experiences of a child-guidance agency in attempting to help its clients through a camping program.

Integration of Camp and Agency.—Camp Ramapo is affiliated with the Jewish Board of Guardians, a child-guidance agency. While it is theoretically independent, operating under a separate budget and board of directors, there is a very close connection between the two organizations. The Jewish Board of Guardians acts as the parent organization of the camp. The director of the camp, while employed by the camp board, is also responsible to and is supervised by the executive of the agency. The boys served by the camp are undergoing psychiatric treatment in the agency. The camp, so far as its purpose is concerned, may be viewed as another arm of the Jewish Board of Guardians.

Over the years, there has been much movement toward integrating the camp program and objectives into the total

agency program and practices. An increasing number of case-workers are recognizing camp as more than just a vacation for their clients. They see it as potentially a real positive force in the child's life, of value in furthering the treatment goals of the case. Some workers have used camp in such a way that the child feels it to be an extension of the agency, another tool by which his worker is helping him to overcome his problems. In such cases a thorough discussion is held with the child as to why he is being sent to camp. This discussion is related to his particular problem. The child knows that not only will he be having a good time, but that he will also have an opportunity to work out some of his difficulties in group relationships in an atmosphere that is different from the one he has at home. He is helped to see that at camp he will have a chance to test out the new insight he has gained into his own behavior. He can try new patterns of adaptation and he will find people who are interested, tolerant, and willing to help him in these new attempts to adjust.

A written summary is submitted by the case-worker on each child who is sent to camp. This information is used for grouping children and as a source of reference which the "camp case-worker" employs in his discussions with the counselors in individual cases.

Further to integrate camp into its treatment function, the agency provides a trained psychiatric case-worker as consultant to the camp. This person is responsible for the education of the camp staff in mental-hygiene principles, the interpretation of difficult youngsters to the counselors, and the handling of those problem situations with children which the staff has not the capacity to deal with. In addition, he is responsible for aiding counselors in writing reports of the child's adjustment during the camp season.

In brief, the supervision of the camp director by the executive director of the agency, the preparation of the client by his social worker for the camping experience, the use of the summary for grouping and consultation, the use of a case-worker as resident consultant to the camp, and the camp's reports on the child's adjustment, all tend to bring about a closer integration of camp and agency and make possible a more effective use of camp as a treatment tool.

Development of Camp Philosophy.—In planning for camp, two important questions are raised. What are the values inherent in camping that have special significance to the disturbed child? How can we assure these benefits to our children?

Camping, it is felt, provides an excellent opportunity for ego building. The acquisition of new skills—learning to play baseball, to swim, to row, to make a bow and arrow, or to fashion an elephant or a dog out of clay—helps children to get a more realistic sense of their powers and worth, to say nothing of the entrée these new skills give them into relationships with their peers.

Providing new experiences for these children through camp and the camping program is another valuable aid in building the child's ego. Hikes in the woods, trips off camp grounds to neighboring farms, communities, and places of interest, cooking their meals over a fire they themselves have built, climbing a tree, a moonlight swim, are only a few of the experiences that broaden a child's perspective and enrich his emotional life. Hikes, trips, cook-outs, and so on, have added value in that they help a child to overcome his fears of new situations—travel, darkness, the woods, insects, and small animal life. In addition, such activities also serve to develop a child's resourcefulness and initiative.

Inherent in the very nature of camping is the separation of the child from the family. While separation is fraught with danger, it has some very valuable aspects for the child who is ready for such an experience. For four weeks or more, a child can be free from the tensions and pressures in the home and the community. For this brief period, he can be "on his own," free from a nagging, rigid parent who usually makes him toe the mark, or from an overindulgent one who so infantilizes him that growth is impossible. Our children come from all kinds of home and family constellation, and each one is fraught with some form of tension or pressure that has been detrimental to the child. In many cases, the mere removal of a child to camp is enough to bring about a most remarkable change in his adjustment. One of our aims, therefore, is to provide these children with an experience in an environment in which stress and strain are kept at a minimum, an environ-

ment that is not repressive, but in which the child will feel free to be himself and which will encourage growth.

By far the greatest value that camping has for our children lies in the communal life. The child at camp has an opportunity to experience a new and different kind of family. The analogy of the bunk unit to the family, with the counselor acting as a parent surrogate, is not new. The bunk group has many elements in common with the family. Here eight children and an adult live together in a cabin, sleeping in adjoining beds, sharing closet space and clean-up responsibilities, eating at the same table, and, even better, participating as a unit in the day's program. We know that children bring to this situation the same patterns of behavior and adaptation as they present in their own family setting.

Can this situation, which is inherent in camp life, be utilized to further the treatment of the child? The answer is yes. If the child's behavior and needs are understood, and if he meets with tolerance, warmth, and encouragement from the counselor, he will soon realize that this adult is different from his own parent. Old patterns of adjustment will no longer be necessary. New ones will come to the fore. Healthy and mature responses can be encouraged and infantile and unwholesome patterns discouraged. The counselor becomes the parent and the child has an opportunity to relive those early, formative years in which the parent's love or denial of love is so important in his training. The child now begins to make appropriate responses and to exercise control over his asocial impulses, not through fear of punishment, but in order to please and gain the love of the parent (counselor). While at first these new patterns are created just to please some one outside himself, later they are incorporated and become part of his own demands on himself.

The influence of the other children in the bunk group aids this growth process. The building and strengthening of masculine or feminine identification through close association with his or her peers is for the child a very important derivative of group living. The child who can see other children act out their hostilities and aggressions without being punished will begin to make tentative steps in that direction. The need to be accepted and liked by one's peers is another

strong determinant in creating a desire to be like them. When a child is told by his peers that he is acting like a baby, it has much more meaning and value then were he to hear this from the lips of an adult. This intense desire for acceptance by other children becomes a compelling motive for change.

The acquisition of new skills and the improvement of old ones, the positive relationships that the child develops with the adults and other children at camp go a long way toward changing his feelings about himself. He gains a new perception of himself; he is no longer unworthy, inferior, or inadequate. He can achieve! People can like him! The world is not such a bad place to live in, after all.

Camp can serve the agency's purpose in still another way. Very often the picture of the child who is in treatment is not complete. The mother or the child may state that he has no friends. Why not? Nobody clearly knows. Or problems may exist in the child of which he or his parents either are not aware, or are, as yet, not ready to share with his therapist. At camp, we have an opportunity to observe a child twenty-four hours a day for twenty-eight days in real life situations. Symptoms only dimly perceived are now seen in sharp outline. Observations made of a child's behavior patterns help the case-worker to gain a more complete picture of the total child which contributes to more precise understanding and treatment.

This, then, was what we were striving for. Since these values are inherent in most camps, why not send our children to camps already in existence? The answer was fourfold:

First, our children could not adjust to a "normal" camp, for this kind of a camp is not interested in the treatment of sick personalities, but rather in helping average, stable children make maximum use of their abilities and develop their interest and skills. Of necessity, many demands are placed on the children for conformity to an outlined routine and program. These are flexible, but only to a point. They are suitable for children who can accept limits, who already can function in groups and are capable of adapting themselves to a group code. Our children, in such a setting, stand out like sore thumbs. They are not happy in such an atmosphere and, in one way or another, they become disruptive influences.

Secondly, our agency has no control over the kinds of experience the children are exposed to in such a camp. It has no voice in the selection of personnel, policy, philosophy, and so on. In addition, the number of our children who could use a camping experience are greater than can be handled by existing facilities.

More important than all of this is the fact that, in operating a camp, the Jewish Board of Guardians, by virtue of its special and particularized knowledge of pathology and personality dynamics, can make a positive contribution to the treatment of the emotionally disturbed child.

Implementation of Philosophy.—It is recognized, then, that Ramapo, because it deals with sick personalities, has to be a different kind of camp. Our focus is upon helping the child through corrective emotional experiences. Expert drama productions, art work, perfection in any form, is not the goal. Meeting a child's needs for expression; offering suitable outlets for his pent-up aggression and hostility; providing experiences that will counteract fear, build self-confidence, and increase feelings of self-worth; giving understanding, tolerance, and warmth so that the child can slowly readapt himself and give up immature and unhealthy patterns of adjustment—these are the goals. To achieve these goals, special attention is paid to the child-counselor relationship, the daily program, and the rôle of the case-worker.

Since for the most part our children are not capable of accepting many limits or demands, few are imposed. Only the most necessary limits are applied, and even these with flexibility and a light hand. We expect a certain degree of conformity in such matters as getting to meals on time, cleaning up, and going to bed on time. These few things are emphasized, and by and large are accepted by the children. We recognize that as the relationship between a child and his counselor develops, there will also be a growing desire on the part of the child to please the counselor, making him more capable of responding to the counselor's requests. As time goes on and in accordance with the needs of individual children and the strength of the child-counselor relationship, the children are asked to assume more responsibility for curbing their asocial impulses and adopting more mature behavior.

In this child-counselor relationship, one of the most ticklish

questions is that of discipline. Whatever rules or limits are established, we can be certain that there will be violations. We do not want the child to look upon his counselor as an authoritarian or as a policeman. We feel that the relationship between the child and the counselor is our most important therapeutic tool and that this must be fostered and protected wherever possible. Our attitude toward rules and regulations is, therefore, governed not only by the needs of the children, but also by our desire to eliminate areas of possible friction between the child and his counselor.

The use of punishment or authority by the counselor is discouraged. He uses his authority as little as possible and only when he is certain that it will be heeded and will not destroy his relationship with the child or the group or when it is felt that a particular child needs this kind of approach. A counselor's command that a child do something is a perfect invitation to refusal. The counselor is directly challenged and there is no way out but to meet the challenge, and a battle of wills ensues. The counselor may win his point, but in the long run he has lost. When any one is forced to submit, hostility is a natural consequence and the child will find some way to get even. Certainly the positive feeling for the counselor is diminished and the desire to please him is gone.

If the child is to go swimming, for example, and refuses, the counselor will try to encourage or to persuade him, but will not make a burning issue of it—will not threaten "or else." If personal persuasion fails, the counselor may say, "Well, I guess you know what you want, but we will miss you," and leave it at that. The counselor then informs either the head counselor or the case-worker that Johnny does not want to go with his group. Depending on the child and the meaning of his refusal, the incident may be ignored or acted upon. If it is felt that Johnny should go and an authoritative approach is called for, this will be supplied by the head counselor. The hostility the child will feel at being forced will be directed toward the head counselor. The latter becomes the "bad guy," and the child's relationship with his own counselor is preserved.

This is not to say that the counselor never exercises any authority. There are times when a child, or the entire group,

will be testing him. They are trying to find out whether he is permissive because he is weak, or whether he is really strong and lets them be themselves because he loves them. In such cases a strong positive stand, free from hostility, is necessary. Punishment or authority, when used wisely and with discrimination, for the purpose of helping the child and not for giving vent to one's own feelings, is beneficial. Through planned use of disciplines and through a clear definition of the counselor's rôle, the child-counselor tie is strengthened. This becomes another compelling motive for change.

Our daily program at camp is geared to the needs of the children. We avoid hustle and bustle. More than sufficient time is allotted for going from one activity to another. Children returning from swimming do not have to run back, jump into their clothes, and be at lunch all in fifteen minutes. They have time to talk to their bunk mates, play mumblety-peg, or even to read a comic book. This provides an atmosphere of ease, freedom, and relaxation.

Many, if not all, of our children have difficulty in functioning in groups. To function adequately as part of a group, it is necessary for the individual to give up part of himself for the sake of a group code or ideal. Functioning in a group implies a give-and-take relationship with others, an awareness of others' needs, and a willingness and ability to forego individual pleasure for group satisfactions. Our children do not get along in groups because they are unable to give of themselves. They are still functioning on an infantile, narcissistic level. They cannot stand much frustration, and they are not able to forego for any length of time immediate pleasure for future satisfactions. At camp, then, it would be futile to emphasize group programing, planning, and organization. Rather, we attempt to provide a limited or modified group experience for these youngsters. Instead of scheduling an entire day's activities by bunk units, we do this only for the morning activities, leaving the afternoon for the pursuit of individual choices. We try to give the children an experience of a group process under conditions that we feel are favorable to their participating in it and gaining from it.

In the morning the bunk group acts as a unit. They play baseball, go to arts and crafts, hike, have photography, and so on, as a group. Bunk projects may be undertaken during this period, and each child is asked to be with his group. If he does not like the activity, he does not have to participate —he just attends. Only in rare cases will an exception be made. It may be asked, if a child does not like baseball, why can't he go to arts and crafts, which he prefers? This was allowed at first, but we found from experience that if it is permitted both in the morning and in the afternoon, there is a great deal of difficulty in keeping groups together. It also breaks down the need for compromise and accommodation within the group when it comes to planning and deciding a group activity. Two children want arts and crafts, one wants baseball, one wants photography, and the remaining four want to work on the bunk's lean-to. If each can go where he wants to, whenever he wants, there is no motivation for group decision. There is still another difficulty involved. Groups that are functioning well at a group activity could easily be disrupted by the advent of children from other groups into the activity. The child who does not like a particular activity is free to sit on the side lines, but what happens most often is that he is soon drawn into the activity.

We found from experience that a group activity that requires close coöperation and sustained interest, and in which the results and satisfactions are not immediate, are beyond the capacity of our children. Their interest span is short. If a dramatic production is being contemplated, each has to be the star; or on a work project each has to wield an axe or to feel that his task is the most important of all. Activities that do not call for a high degree of organization seem to go off best. Walks in the woods combined with hide-and-seek or ring-o-leavio, a photography hunt, nature hunts, arts and crafts work, swimming, cook-outs, are some of the more popular choices.

The afternoon program is devoted to a free choice. Nine or ten different activities are available and each child can select whatever activity interests him most. This idea of being able to go wherever they wish appeals a great deal to the children. They feel that they are their own masters.

In a way it plays in with their narcissistic impulses of wanting to do what they want when they want. In the past when we attempted a full day of scheduled activity, we found children demanding free choice, and it made for much conflict in the group life.

Needless to say, this kind of free-choice program produces wanderers. Some children don't know what they want to do; they haven't been sufficiently motivated, or they are so dependent that when they are thrown on their own, they can't act, but need adult direction. Counselors specifically assigned to this problem try to interest these children in one of the activities. They also cover the activity areas in order to pick up children who are flitting from one activity to another and try to help them get settled. It should be noted that when a child does not wish to participate either with his group or in the free-choice program, he is not just dropped or left on his own. The camp recognizes that supervision of children is important and during group and activity periods counselors are assigned to cover specific areas, such as the cabins, the athletic field, and the frog-hunting area. In this way the whereabouts of each child is known, and the child himself gains a certain degree of strength and security from the fact that an adult is close by and on call.

One of the important things we have to consider is how easily our children get bored. Changes in activities and games have to be introduced frequently into the program. An activity will catch on for a week and then only a handful of children will select it. Some of the new games and activities have been music hour, clock golf, science talks, game room (which includes bowling, shuffleboard, box hockey, and ping-pong) and three-day camp-out. Even in the more regular activities, such as arts and crafts, new media and new ways of presenting the work have to be constantly devised or else interest will begin to wane.

The camp case-worker, by virtue of his special skill and knowledge, is called upon to handle situations that are beyond the capacity of the counselor. Specifically, he is responsible for helping the individual child to adjust and integrate himself into the camp life. This requires direct work either with counselors, with the children, or with both. This may include

staff meetings, individual conferences with the bunk counselor, conferences with the specialists on their activity programs, and participation in the planning and administrative meetings of the key personnel. As the representative of the agency's clinical-treatment program, the case-worker is also instrumental in the development of the camp philosophy and practice. He holds regularly scheduled weekly conferences with each counselor. These interviews are concerned not only with the progress of the children, but also with areas of group-work supervision. While the latter was not at first contemplated as part of the case-worker's function, it soon became apparent that a child could not be discussed in isolation. The total functioning of the group had also to be considered. Since we are attempting to help these children in large measure through the group-work process, attention to the counselor's handling of the group is essential. This emphasis on individual and group progress was found to be very necessary if the philosophy and objectives of the camp were to be realized.

Basic Problems to be Considered in the Planning of a Camp for Disturbed Children.—The more qualitative the job that a camp undertakes, the more consideration and thought must be expended on all phases of its organization and operation. In some respects the camp for disturbed children has still not found answers to problems that confront all camps; in other respects we have borrowed organizational and administrative traditions from the "normal" camp with insufficient evaluation of their applicability to the new situation; and in still other cases, new problems have emerged out of the differences in techniques and goals. Some of the more salient problems include choice of staff, the nature of the physical plant, size of groups, selection and grouping of children, and preparation of the child for a camp experience.

Probably the most important tool in any camp is the counselor staff. Regardless of how advanced and developed our camping philosophy may be, in the last analysis, it is the staff that will have to execute, implement, and strive for these goals. The age-old camping problem of a staff adequate both in numbers and in qualifications becomes even more important

and more striking when the goals are high and not easily attainable.

The counselor staff at Camp Ramapo were mostly college students interested in social work or allied professions. Though interested in the work and with suitable personal qualities, their lack of experience and limited knowledge of personality and group dynamics were felt to be handicaps. To meet this problem, the director, the head counselor, and the case-worker, acting as a team, planned and conducted orientation meetings and frequent individual conferences with the counselors both before and during the camp season. These meetings and conferences were necessary not only to give the counselors some elementary skills in dealing with our children, but also to work through their natural biases and resistances. While in some cases there was real growth and development of basic skills and attitudes, this type of supervision and training is not a substitute for a well-trained, experienced staff. In fact, this program should also be employed, but on a more intensive level, even with more mature and experienced personnel.

It need hardly be emphasized that a well-trained, experienced staff is essential, particularly in a camp that is trying to give more than a fresh-air vacation to their children. Greater inducement has to be offered, not only to attract a more qualified staff, but also to insure their return during subsequent summers. The use of camp as a training center for graduate social-work students, with course credit plus salary offered, merits further exploration.

The physical set-up of a camp also plays an important rôle in its effective functioning. If the water front is too far from the camp proper, it imposes a burden that will be reflected in many areas of a camp's program. For children who are not too anxious to be in the water, another obstacle is placed in the way of their getting there. On the other hand, those who love water may go there when no one is present to supervise them. Problems may also arise on the long walk to and from the water.

Inadequate facilities for washing and bathing create problems of health and cleanliness. Crowded cabins make for

added friction and tension. Inadequate play space for rainy weather results in boredom and short tempers, and taxes the ingenuity and patience of the most stable counselor.

When a camp is set up to deal with "problem children," all these little things take on added importance. The child has enough difficulty in adjusting under the best of circumstances, without inconveniences that only add to his sense of frustration and bewilderment.

At Ramapo the physical plant compares favorably with that of any other camp. Ramapo boasts some very nice features: a large ball field, a recreation hall for rainy weather, a clear spring-fed lake, one-half mile in diameter, a stage room, a shower building, a large infirmary, and so on, all conveniently located. In addition, there is enough property to allow for blazing trails through the woods, and having lean-tos and overnight hikes without going off the camp grounds. It also has workshops—arts and crafts, photography, nature, and so on. There are, however, some areas that create difficulties and make the job so much the harder.

There are six cabins set in a line a few yards apart, housing from 14 to 16 children per cabin. Each cabin is shared by two bunk groups with a token partition (three feet high) separating the groups. In reality there are from 14 to 16 children sharing one cabin, living in close proximity to one another. There is provision for clothes, but it is inadequate, with the result that many of the children live out of barracks bags, or their clothes are jammed up underneath their beds in a most sloppy and and disorganized way. Also, the close proximity makes for continual friction and tension. The timid, fearful child cannot help but get in the way of the very aggressive child. For the children with whom we are dealing, space to move around in and freedom to withdraw and be on the side lines are very important. These children are not able to stand much frustration or inconvenience; they react to it in an infantile fashion. Two children get into an argument and one pushes the other so that he falls on a third's bed. We now have three in on one fight and it does not take much to get the others involved. The counselor soon finds himself acting as a referee and policeman.

The fact that the cabins are set so close together adds to these difficulties, for children are free to roam into neighboring cabins.

The inadequacies of the Ramapo cabins have been recognized and though there are no definite plans, there has been talk of increasing the size of the cabins by adding porches. In the meantime, the placing of fewer children in each cabin seems to have alleviated some of the difficulties. Our experience with camping for disturbed children makes us feel that the traditional camp set-up, in which buildings are grouped close together to simplify such problems as sanitation and supervision, is not adequate. New design is necessary to eliminate possible elements of friction and frustration.

Another tradition that we need to break away from is that of having eight or even more children in a bunk unit. In the past at Ramapo there have been eight children in a bunk group, headed by one counselor. While this ratio is not unusual in most camps, it is a difficult one when it is considered that each of the children is a "problem child" in his own right. Each of these children needs individual and special attention. When a counselor has responsibility for so many children, it is difficult for him to be fully aware of individual differences and needs, and it limits what he can do about them. The writer recognizes that to limit units to six children to a counselor might mean that fewer children would be served and that operating expenses per capita would be higher. The desire to give every child a camp experience is a worthy one, but we who deal with psychiatric problems must be aware that quality rather than quantity should be the goal.[1]

While the camp was organized to deal with the emotionally disturbed child, we found that certain types of child, because of the dynamics of their particular pathology, are not suitable for a camp experience. Some children need a more controlled and repressive environment; others suffer from too close an association with members of the same sex; and still others are too disturbing to their fellows, so that while they

[1] For the 1950 season, Camp Ramapo has instituted a ratio of six campers per counselor. Also rearrangement of bunk interiors will provide more living space for the children.

may benefit from the experience, they minimize or even destroy whatever benefits the other children might receive.

One such case was John G. John had been diagnosed as psychoneurotic—anxiety hysteria. This in itself does not mean too much. More important was the fact that John had strong homosexual tendencies. Living with other children in very close proximity, sleeping in adjoining beds, watching them dress and undress, and so on, increased the child's anxiety about his homosexual desires. As a result, John was not only very irritable and hard to manage, but he also began to indulge in behavior that was very upsetting to the other children. His language was sexually provocative; in play he would grab other boys' genitals, and also in play, would go into other boys' beds at night and at times jump on another boy, going through the motions of sexual intercourse. This behavior finally culminated in an attempt to have another boy commit felatio with him.

There was also the case of Myron S. He was an artist in getting other boys to beat him up. Intuitively he sensed the weak spots of others and would taunt and tease until, without fail, the the other child would beat him. Myron was beaten three times a day regularly, and seemed insatiable in his desire for physical punishment.

Then there was the case of Jimmy L., who wanted to do whatever pleased him at the moment. He could not accept any limits, could not relate himself to other children or to adults.

These are only a few examples. There were other such children at camp. These children were not ready for a group experience, and as a result were continual sources of conflict and tension in their bunk group and in the camp at large. Not only did they derive little benefit from camp for themselves, but they prevented the other children from achieving the maximum benefit from the camp experience.

Why are these children sent to camp? The writer, after the last camp season, held discussions in the various clinics of the agency and found that case-workers and therapists had little concept of what camp life really involved. Workers tended to think only in terms of the individual child. They did not see the broader problem of the effect that their par-

ticular child would have on the other children, or how the other children would react to their child. They sent children to camp for any number of reasons, most of them very valid from the point of view of the child, such as to begin a separation of mother and child; to give the child a preplacement experience; to provide a respite from destructive family life; to strengthen his ego through the acquisition of new skills; and so on. Only once, however, did any one talk of sending the child to camp because of the group experience inherent in the camp set-up.

During the last season, there was much discussion among the clinic staffs in order to give them a greater understanding of camp, its program and its philosophy and practices, so that they would have a clearer idea of how to select children for this kind of experience.

While no specific criteria for the selection of children have been worked out, what has been emphasized is that the main purpose of camp is to provide a limited group experience. With this in mind, it becomes clear that only those children who are able to remain away from their families for at least a month's time without undue anxiety, who are able to accept some frustration and limitation, and who have the capacity and the desire for relationships with their contemporaries, should be sent to camp. It has also become clear that in a camp situation certain kinds of children cannot be handled adequately, such as the very aggressive child, the masochistic child, the homosexual child, and so on.

In addition to the screening of children for camp, there is the preparation of the child for this experience. Too often a worker accepts a child's request to go to camp as a real indication of his desire to separate himself from his family and to share in a group experience. These requests must be examined more closely. Does the child really know what is involved in camp or does he want to go to camp merely because a friend of his is going and he is afraid he is missing out on something? In other words, we must understand the full meaning that going to camp has for a child, and then evaluate this meaning in terms of whether it is neurotically determined or is an expression of a positive drive toward health. In the same way a child's resistance to this experience must be

understood and, where possible, resolved so that he can attain the maximum benefit of the camp experience. As we have said, some workers now tie up camp with the total-treatment plan for the child. The child thus gets a feeling that camp is not merely a vacation, but another way in which the worker is trying to help him through his difficulties.

These are the major problems now confronting Ramapo and other camps of a similar nature. In addition to working on these problems, all camps must constantly reëxamine their philosophy and practices in order to modify or change them so that they can best serve the interests of their client group. This writer cannot overemphasize that if a camp for disturbed children is to be run effectively, there can be no stinting, either in money or in planning and thought.

MODERN DYNAMICS OF REHABILITATION FOR THE PSYCHOTIC PATIENT *

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MY aim in this paper is to bring before you some practical and usable ideas relative to the rehabilitation of the mentally ill, to examine the concept of the third phase of medicine in relationship to the needs and the potentialities of mentally sick individuals, and to say something about modern methods, about activity therapies, in their relationship to conventional psychotherapy, but above all to impress you with a conviction that has through the years grown to be an obsessive belief with me—that we can do much more than we have ever done before in rehabilitating greater numbers and categories of the mentally sick.

For this purpose, I propose to draw upon my own personal experience in this field, along with some significant developments that have occurred particularly during the present decade in the way of heroic and dramatic treatments which have served to make these patients more amenable to a combination of activity and psychological methods.

Immediately after World War I, the medical staff of one of the largest Veterans Administration neuropsychiatric hospitals decided that they would like to explore the possibilities of a comprehensive recreational-therapy program, and I was called in to head up the work as physical director. Having been a school-teacher and an athlete, I had only these backgrounds to aid me. It was noted at the start of the work that many patients who would not work would play. It was also noted that the patients as a whole were more normal in their play than in other relationships, and that play appeared to

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have a distinctive appeal. It seemed that in this method we might have a means of attracting large groups into activity, and these possibilities assumed greater importance in the face of a minimum personnel.

We were fortunate in having the active assistance of Dr. Adolf Meyer and Dr. William R. Dunton, of Johns Hopkins, and other leaders in the field of psychiatry who gave most valuable assistance in setting up the program.

Under the direction of the medical staff, I interviewed each newly admitted patient about his early play interests and experiences. Over a period of several years, I gathered some twenty-five hundred reports which gave us a valuable as well as an interesting basis for the organization of activities and suggestions as to the perfecting of exercise techniques.

Dr. Adolf Meyer was a great believer in the sensory level as opposed to the verbalization level in evoking the patients' highest potentials for coherent behavior. He propounded the principle that I have frequently referred to as the "Touch Objective Principle." He stated this as follows: "When the patient touches the object—for example, when he takes in his hands the baseball bat, the volley ball, etc.—he comes into direct contact with reality in which hallucinations and delusion are not so apt to enter to interfere with the desire to do and the completed act." This principle is, in my opinion, the psychological basis for activity therapy in the rehabilitation of the mentally ill.

As we went along with the program, we became conscious of the many significant relationships between the memory level and hygienic integration. Skills in play operated to stabilize patients emotionally and to give them strong and vitalizing interests that in many cases enabled them to work. Relationships of bodily and mental control became more objective. Many of these patients became star athletes, one winning a state championship in table tennis, another the state championship in croquet for two consecutive years against the most scientific players in the state of Maryland. One team of regressed patients, taken from the habit-training-class bowling league, could hold its own against the best duckpin teams in the state, in spite of the fact that all the patients except one were mute. An all-star volley-ball team defeated

the strongest teams in that part of the country, while similar ten-pin teams had equal success.

This program was organized upon the therapeutic principle "of interest to effort"; patients were not coerced, but were attracted into activity. In fact, as the therapeutic problems unfolded, we were impressed with the importance of this basic principle. In organizing recreation and other activity programs—and I believe this is equally true in vocational rehabilitation—one must get away from the idea that one has only to set up a program, to set up shop. The major problem to be studied and attacked is not that of setting up a program, but that of attracting patients to your program.

And again we have here an application of the third phase of medicine. One must make the patient feel that he is the central part of the rehabilitation process, not simply the end or the beginning; we must make him feel that he himself is doing it for himself, and that he is the only one who can do it. Once the responsibility is placed upon him, it makes him feel more important, and since he is doing it himself, he is not so liable to blame you for its failure.

These ideas of dynamic therapy naturally emerged in our daily contacts with patients in the recreational program. After two years, interest began to expand considerably among both personnel and patients. Play was being presented with special emphasis upon its social and socializing potentialities. Special stress was placed upon the modification of activities to meet special personality as well as physical needs and capacities. The idea was to help the patient progress from individual play to increasingly broader group contacts—from a picked-up team, for example, to a ward team, thence to a league team and, for those in the higher skill brackets, to the all-star team which competed with others outside the hospital.

This challenge and invitation to progression was always held before the patient through the weekly hospital paper, radio broadcasts to the wards, regular athletic parties, smokers, discussion, and so on. The weekly newspaper recounted the accomplishments of hundreds of patients. "The more names, the merrier," was the slogan. An annual Award Day was arranged for the purpose of giving public recognition in the form of medals, certificates, and prizes to the patients who

had made meritorious records. Recognition was given to the winners of weekly golf tournaments, weekly codeball tournaments, tennis, handball, horseshoes, croquet, pocket billiards, swimming, baseball, soft ball; also to patients for enlisting others in activity.

Along with this award exercise participated in by leading people in the community, an annual play festival was held. Hundreds of patients took part in these activities against outside teams. Neatly uniformed baseball, soft-ball, volley-ball, and tennis teams played against strong outside competition and in *bona fide* contests, and won the majority of these contests.

Spectators remarked upon the normality of the patients while playing, and a most frequent question was, "Who are the patients and who are the visitors?" Interest in athletics continued to mount. Many demonstrations were given in which patients took part in complex calisthenic exercises and continued to hold their own against the strongest outside competition. Three hundred and sixty psychotic patients gave a mass demonstration of calisthenic exercises. Numerous leagues were organized, including five bowling leagues. At the top was a league composed of alert patients who elected their own captain and their own players based upon their individual bowling averages, so that the teams would be equally matched.

At the other end were the most regressed groups who were negativistic and in most cases mute. In between were the continuous-treatment groups, including many organic cases—dementia paralytics, encephalitis lethargica, and other groups who were able to perform an exercise involving a simple one-response movement. Women patients played on these league teams also.

The general aim of this program was resocialization. The patients, with the schizophrenic group in the majority, represented all the common categories of neuropsychiatric illness. The average age was around twenty-five years. The active assistance of leading psychiatrists, including Adolf Meyer, Dr. William Dunton, Dr. Samuel Hamilton, Dr. Abraham Meyerson, was enlisted and contributed materially to the control by the Veterans Administration psychiatrists. The high

level of activity participation and interest developed in this program created considerable professional interest, to say the least, and was reported in the *American Journal of Psychiatry*.

I have often wondered what would have happened had we directed as intensive a therapeutic effort toward a vocational objective. Would we have been able to stimulate these patients in large numbers toward a job? One fact seemed evident. The psychotic patient has more ability than appears on the surface, and therapeutic methods that bring this ability to the surface are singularly effective. There were, of course, many limitations, involving irreversible conditions and progressive illnesses, such as encephalitis lethargica, Parkinsonian conditions, luetic involvements, and so on. On the other hand, patients who had recovered and were working outside the hospital clearly demonstrated that many so-called irreversible conditions were accessible to vocational rehabilitation.

In fact, the patients who were rehabilitated did not seem to show any uniform traits that the psychiatrists were able to pick out as favorable prognostic criteria for rehabilitation. Those who appeared the most hopeless were, in many cases, successful in getting out of the hospital. The more we went into these cases, the more were we convinced that a real desire to leave the hospital and to get a job was the most important factor. Those who made the most effective recreational adjustment were aided by a strong motivation and interest.

It was interesting to note in this connection the fact that over 50 per cent of the patients in the baseball league were over fifty years old and that their advanced age did not lead to unfavorable physical reactions. Media for finding a suitable activity from the many grades and types of exercise were provided. For example, the arrested dementia-paralytica patient could perform activities of a one-response nature, such as bowling. If we were to put him into a complex activity, in which he would have to run after a ball, pick it up, and throw it to a base, he would be likely to be confused and to react unfavorably. Adapted sports, such as codeball, invented by Dr. William Code, of Chicago—a simplified modification employing the urge of golf—attracted many distractible types

into coherent activity. These play activities appealed to the spontaneities of the patient. Dr. Adolf Meyer used to remind me that what a patient does "*sua sponte*"—in response to his own nature—is extremely important both from a diagnostic and from a treatment angle.

Interpersonal relationships in which patients are able to play with rather than against others were stressed. I tried to illustrate these coöperative situations in the game. We have overemphasized in our recreational activities the spirit to win, to defeat the other fellow. I tried to explain in a baseball game, for example, two situations—the coöperative as well as the competitive. We have the pitcher working with the catcher, the shortstop backing up third base, the pitcher backing up the catcher. I was able to get patients to work with one another in a game of baseball who were most antagonistic in other relationships. It has been noted by therapists that psychotic patients, in choosing up sides for a game, will usually select their friends rather than the best players, thus demonstrating the inherent social need for which they are seeking satisfaction.

Giving suitable recognition was important in stabilizing participation in these recreational activities. The patient would look for his name in the hospital paper, would engage in league competition for the purpose of getting a prize at the end of the season. Finally, psychotherapeutic relationships, poorly planned as they were, nevertheless helped integrate this activity into the over-all psychiatric aims.

There was no question but that we were able to elicit a comparatively high level of physical activity through this recreational regimen. There were, however, significant failures in the over-all therapeutic results. The major failure was, in my opinion, our inability to help the patients progress from this play level to a more responsible work objective. There is no question in my mind but that we would have been able to carry out the vocational rehabilitation of many more patients if we had been able to develop as strong a motivation in a work project as we did in the play programs.

I also believe that we would have made most significant steps in this direction had we provided the psychological impetus of recognition, had we organized work activities as

we did recreational activities, instead of overly emphasizing so-called work skills. We should stress primarily the patient's feeling toward the work situation, instead of concerning ourselves exclusively with what he knows. In other words, if we had surrounded the vocational program with incentives that are understandable and meaningful and had laid major emphasis upon the patient rather than upon the job to be done, we would have been more successful.

The patient, like the rest of us, needs a reason for activity. Mental hospitals, in the words of Abraham Meyerson, have been mental vacuums, in which the patient has no incentive that is meaningful to him. In many cases it makes no special difference whether he does anything or not. He gets the same rewards and the same restrictions. It is illuminating to see what happens when an opportunity is given to patients to make poppies for which they are paid. Patients emerge from their shell for the first time to show industry and ability, so-called chronic and irreversible patients whom you would consider unable to work.

Another factor in the recreational program that helped to account for its success was the progression of the patient from individual to league participation, providing social stimulus to make a greater physical effort. Vocational rehabilitation, to be successful for the psychotic patient, must provide various levels of work adaptable to the social capacity of the patient; social minutiæ, the little social urges of planned comfort and friendliness, must be taken into consideration. Many psychotics can adjust only to a work situation in which they are alone. Others are able to adjust to working in groups, as you well know.

From play and work experiences with psychotic patients, one significant fact emerges—namely, that we are not dealing with diseases alone, or with patients alone, but with a complex social situation in which the therapist, as well as the arts and crafts and the immediate environment, may be equally important. Modern psychiatric practice emphasizes the value of these situations, not only for treatment, but for diagnosis. Adolf Meyer reminds us that the patient can tell in activity what he cannot tell in the formal interview. For the psychiatrist, the activity affords an opportunity to place the patient

into a tension-producing situation in which unconscious as well as the conscious material can be mobilized for interpretation. Dr. Alfred P. Solomon reminds us that in order that activities may attain the status of scientifically based psychiatric treatment, it is necessary that the therapist have a psychodynamic understanding of the human relationships existing between the patient and the group, a psychodynamic understanding of the psychologic values intrinsic within these arts and crafts, and a realization that an integration of the efforts of all attending personnel is necessary to realize a treatment situation.

This brings me to the second part of my discussion—the need for more specific therapeutic aims. Conventional prescriptions are no longer adequate in the face of recent developments in psychological therapy and particularly in psychoanalytic practice. It is not activities *per se* of either a work or a play nature that produce the desired effect, but the modification of activities to meet a specific therapeutic need. Therefore, the rehabilitation specialist, in dealing with the mentally ill, will think in terms of social adjustment in which situations are adapted to the individual patient. We are dealing here with indirect methods. We are using the language of activity, through which many psychotic patients who cannot verbalize normally are able to express coherent behavior. All of us have been amazed at the psychotic patients who could do a good job with their hands, but once you tried to get them to explain it, would revert to their delusional and hallucinatory levels. In rehabilitating many so-called chronic types, we must accommodate our thinking to accept them for what they can do and not for what they say.

In a modern scientific approach to the psychotic patient, we are discovering increasingly interesting and effective areas of therapeutic activity. I should like to read two very short case records to illustrate this point; it will be observed that not only the therapeutic aim, but the attitude to be assumed by the therapist and the management device are stated. In my opinion this method is an important extension of the total-push method since it provides a more integrated and exact psychotherapeutic method. The concept of total-push is not enough. We need a greater emphasis upon the personality

assets and needs of the individual patient, through which he is attracted rather than coerced into activity. You will note that the activity phases of rehabilitation are stressed.

T. D.

Diagnosis: schizophrenic reaction.

Therapeutic aim: to provide opportunity for socially accepted relief of aggressions.

Attitude: passivity to aggressions.

Management devices: punching bag, bowling, soft ball.

The patient's doctor prescribed release of aggressions for this patient who was very tense and had much stored hostility that needed a socially acceptable outlet. When he first came down, the patient was interested in bag punching and bowling. This type of activity seemed to do much to relieve his tension and to cause him to rest better on the ward. We were told by the psychiatric aides on the ward that the patient usually became quite disturbed on week-ends when he did not have an opportunity to attend corrective-therapy activities. Often he became so disturbed that he destroyed furniture on the ward, knocked down doors, and had to be treated by sedative tube and packs.

During the outdoor season, the patient played soft ball and participated in swimming therapy in the pool. At the start of the bowling season again, the doctor changed his prescription from that of relief of aggressions to narcissistic gratification. The patient apparently received much satisfaction from his bowling activities, being very much interested in the scores he made and trying to improve from day to day. After approximately eleven months, he has improved sufficiently to be transferred to an open ward. He no longer comes under the jurisdiction of the corrective-therapy department.

B. E.

Diagnosis: schizophrenic type.

Therapeutic aim: to provide opportunity for the development of skills to relieve feeling of inferiority.

Attitude: active friendliness.

Management devices: individual instruction in gym activities, then play activities when able to meet competition.

We were asked by his doctor to do individual-therapy work with this patient. He was apathetic, and in very poor physical condition and was considered to be suicidal. He seemed to have no outside interests; in fact, his prognosis seemed poor. The corrective-therapy department started working with him on an individual basis, supervising his activity very closely and seeing that he actually carried out the program as set up for him. This program included physical-conditioning work—chiefly, work on horizontal bars, mats, rowing machine, weights, and pulleys. His physical condition made rapid improvement and as this became apparent to him, his mental condition also improved to the extent that within from six weeks to two months, we were able to graduate him into very simple, low-organized play activities, such as badminton. He continued to make improvement and was discharged approximately eight months after we started working with him.

Since his discharge, he has married, has got a job, and has resumed his place in society.

Drastic and heroic therapies have made many patients amenable to rehabilitation procedures who were considered inaccessible to such treatment. I should like to call your attention to two such developments in the Veterans Administration.

An exploratory training technique in the treatment of catatonic patients has been employed in one of the large neuropsychiatric hospitals of the Veterans Administration, in which corrective therapy combines physical exercises and educational-training methods. A group of over 60 patients have been treated during a period of approximately two years. The group was entirely uncommunicative and mute, with a common lack of ability to perform even the simplest of skilled acts, like drawing a straight line on a piece of paper or tying a knot. Another group similarity was inability to relax in any normal degree.

The program was divided into two distinct phases, including physical reactivation and mental stimulation. The sessions and classes were set up on a five-day-a-week basis and each class was conducted for a full two-hour period. At first, attempts were made to promote relaxation in which patients were placed on a relaxation table and various methods were used to obtain conscious relaxation. The instructor at first takes the patient's arm, moves it passively, and urges the patient to relax.

One patient was assigned to the catatonic research clinic on June 24, 1947, with a statement from his doctor to the effect that he would not eat and had to be fed; previously he had had to be tube fed. The use of relaxation-response therapy started on June 24, with the following results: The first day, forced feeding was required and there were no noticeable results; the second day, forced feeding was again required, but the patient would drink milk voluntarily; the third day, forced feeding was again necessary; the fourth day, the patient ate fairly well, partly voluntarily, partly with forced feeding; the fifth day, the patient ate double helpings of everything for breakfast and continued to eat all other meals unassisted. A recheck on the eighth day showed that he had continued to eat voluntarily, and another recheck on the tenth day, that he was still eating voluntarily. At this time it was reported that he was eating not only what he was given, but

in some instances additional portions. He was continued under this therapy and was found to be more alert and active, and much more responsive as to time, place, and past, since treatment had been instituted.

While this technique has not been in operation for a long enough time to provide a basis for evaluation, it is the general feeling of the physician in charge that many patients respond favorably to it who might otherwise become chronic patients. Others find that successful treatment of patients generally is facilitated, and that improvement is noted much sooner. One of the most striking results observed is the absence of explosive behavior characteristic of the catatonic patient in the general hospital environment. This method appears to establish a most favorable transference between the corrective therapist and the patient.

The patient gradually submits to unrestricted movement, taking place without muscular effort, and offers no resistance to the gravitational drop of the parts being tested. The next important step and the most difficult is obtaining free movement of the mouth and relaxation of the larynx. This requires individual encouragement for the patient to overcome the psychic phase of muscular hypertension. Verbal response was the first objective. In the majority of these cases, the tongue is curled up against the roof of the mouth. In order to obtain verbal response, it is first necessary to get the patient to move his mouth freely and to push out his tongue.

In this technique the patient relaxes on the table, as the instructor in a low, understanding voice speaks to him, saying, "I am here to help you. I know you have difficulty in talking, but if you will follow my instructions, I will help you." As the exercises progress, the instructor asks the patient to try simple sounds like Ah, Oh, Oo, each being encouraged for as long as five minutes if the patient is able to make audible sounds. Later in the treatment he is urged to try simple words, such as "dog" and "cat." From this initial sensory approach, the patient is encouraged to say words like "ball" while actually handling a ball, and simple progressive activities are used in order to stimulate him into an increasing area of physical movement and sensory experiences.

Educational methods parallel the physical program. The

use of number writing and simple handwriting techniques are employed and principles of educational retraining are added to assist stuporous patients to regain individual recognition of shape, size, design, color, and utilitarian value of common objects. These techniques have proved valuable as practicable reassociative links.

While the rehabilitation of leukotomy patients is in an exploratory stage, reports received from a number of hospitals in which these operations are being done—in designated Veterans Administration hospitals—give an important and therapeutic status to activities as an adjunct treatment and often a significant area for the rehabilitation of many so-called incurable cases. A well-rounded program of physical medicine, including physical therapy, manual arts, occupational therapy, athletics, and recreational therapy, is employed. The patients who undergo operations are usually those with the most unfavorable prognoses, ward problems who have failed to profit by any other type of therapy. These patients show more spontaneity and interest in activity therapy. At first their participation is childlike and imitative and they have to be prodded along. Later, they begin to come to life and to show individual interest and will go over to the punching bag on their own, throw the volley ball in all directions, participate better in group games, like the average adolescent boy. The flattened expression leaves the face after a month and this improvement carries over to all other activities.

The post-operative prefrontal patient is referred to the corrective-therapy department on or about the fourth day. A period of two or three weeks ordinarily passes before interest and rational effort are elicited. During this period of relative confusion, the patient either may become motionless and seclusive or he may participate in some elemental activity such as playing catch with almost any type of ball, or he may bounce the ball among other patients. In a few cases, however, the patient responds immediately to the operation by "pitching right into activity." It is the opinion of some observers that this group has a less favorable prognosis than those who respond more slowly, reverting to normal activity more gradually.

During this confusional period of two or three weeks, patients do not respond favorably to the medicine ball. Some observers feel that they respond better to games, even playing catch if it is played over a low net. During this period, competition appears ineffective as a means of motivation. Patients play such simple games as paddle tennis automatically, with no special discernible interest.

A corrective therapist observed that schizophrenic patients of the catatonic type reacted to ball games, showing docility in their play responses. They did not participate well in activities of a rougher nature or in those requiring strength or undue body contact. On the other hand, schizophrenic mixed types reacted to vigorous games and activities, playing until they responded freely. In one large group the patients observed appeared to go through a period of aggression some time in the course of their improvement during which they were able to find outlets through exercise. It appears that they also undergo periods of varied hyperactivity, leading to transitory changes of personality lasting for a period of weeks. During this time this group under discussion gave expression to assaultive, combative, verbally abusive, hallucinated, or motionless behavior. There were also periods of sexual manifestations and soiling, prevalent among all diagnostic types.

Exercises are classified for a fast and a slow group. The slow group comprises those whose operations are of recent date, no longer ago than approximately two months. The fast group is made up of patients whose operations were performed as long as a year ago. No two patients react in the same manner and no two patients require the same type of activity. Included are those who require the teaching of self-care. Among other characteristics, one encounters that of complete blankness and inertia. For the first two weeks, elemental, informal activities, such as playing catch with a football, a basket ball, a rubber ball, or a volley ball, are pursued. These patients will carry out body movements, but not formal calisthenics. Activities are modified to add interest paralleling the patient's improving control. Patients usually progress to individual activity requiring more

strength and skill, such as tether ball, box hockey, stationary bicycle, punching and training, or speed bag. From such individual progressions, the leukotomy patient is likely to enter into games of a group nature, such as volley ball, goal high, four-man ping-pong. Usually when a patient reaches this stage, he has advanced from the slow to the fast classification.

In fitting these patients to jobs, it is important to realize that the rationale of the treatment, according to Abraham Meyerson, is to dissociate by surgical means the pathologic thinking from its emotional reverberations. Emotional tension has been relieved and many patients are able to accommodate to routine jobs who were inaccessible to vocational adjustment prior to this operation. Of this so-called irreversible and hopeless group some recent statistics of our group per 100 patients show that a third have been discharged, a third are improved, and a third are unimproved or are worse.

In conclusion, I should like to emphasize the fact that modern rehabilitation methods combining purposive activities as adjuncts to psychotherapy have opened a field of great possibilities which presents a challenge to all of us. We are learning that many problems of the psychotic patient can be settled in the community where they have had their origin, and that a job is of the greatest significance in a community adjustment.

We are learning the importance of a job objective in attacking the psychotic early, so that the patient may find a positive support for his efforts while he is in a more modifiable condition. Getting the patient out of bed early, as applied to the general medical and surgical patient, has an equal psychological significance for the psychotic patient. A job profile to guide and stimulate him in these early stages is of crucial importance. It is significant to note that the majority of patients requiring sedation in our hospitals to-day are World War I, not World War II, patients.

We are learning the value of exploring the motivational field of the psychotic for a spark of vocational interest which may serve as a therapeutic starting point for a progression to effort. Such simple motivational areas as home, the home symbol, the job, and the job symbol provide the modern dynamics of rehabilitation.

The third phase of medicine has great and compelling significance here. We find that the only possible way in which we can rehabilitate the psychotic is to mobilize all the assets of the whole individual and even more than that the social assets of the community and of society at large. It is to such people as yourselves, under the guidance of progressive psychiatrists and experts in rehabilitation, that the mentally sick may well look for realistic rehabilitation.

MENTAL HYGIENE IN THE DAY'S WORK *

A DAY IN THE LIFE OF A GROUP WORKER IN THE RECREATION-EDUCATION FIELD

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A TYPICAL day in the life of a group worker in a private recreation-education agency was characterized correctly by a recent visitor who said, "You may become exhausted, but I can see that you are never bored." In the course of a day a group worker leads groups of children, young people, and adults; interviews individuals; visits homes and schools; writes records; attends staff meetings and supervisory conferences; goes to planning and coördinating committee meetings; and performs other duties that enable him to pursue the two main objectives of group work:

> "1. To help individuals to use groups to further their development into emotionally well-balanced, intellectually free, and physically fit persons.
>
> "2. To help groups achieve ends desirable in an economic, political, and social democracy." [1]

In his work with individuals and groups, the group worker continuously meets situations that have definite mental-hygiene implications. With some he deals successfully; with others he is unsuccessful. As we learn more about human behavior, however, both individual and group, the group worker can use this knowledge to develop more understanding of the "why" and to work on the basic motivations instead of spending time on the "what" and dealing only with symptoms.

Group work as a social-work process is still quite young, representing only twenty years of practice and study. We group workers have much to learn and we are willing to learn.

* A symposium presented at the Fortieth Annual Meeting of The National Committee for Mental Hygiene, New York City, November 16, 1949.

[1] See *"Social Group Work Practice,"* by Gertrude Wilson and Gladys Ryland. Boston: Houghton Mifflin Company, 1949. p. 61.

As I have not space here to give a composite picture of a group worker's day, I have selected several situations from my experiences in two social settlements in New York City that I consider to be typical for group workers in the recreation-education field.

Work with a Young Adult.—Manuel is a Cuban. He is white, speaks Spanish, and identifies with the Puerto Rican people, both white and Negro. He was an active member of a group on a Puerto Rican block in East Harlem who were successful in establishing a playground for younger children on the block. He was the most reliable male member of the block group. He secured the help of other men in installing the equipment, making repairs, and aiding in the leadership of the activities. The record of the worker from the agency states:

> "Manuel had spoken to us off and on about his difficulty in getting into college and asked for some help with his vocation and college plans. . . . He had received a scholarship to Townsend Harris High School, but found it difficult to accept the fact that most of the boys in school were better dressed and had more cultural advantages as well. He, therefore, left and went to another high school. He felt that one reason why he did not continue was because the department of welfare put pressure on his mother to have him go to work, since he could not afford to go to school. He has six older brothers. He feels they are not taking much responsibility for his mother and younger sister. They are all living at home. . . . He felt he would like some help in deciding the entire question of college since he knew from the past that he has several times made the start in the direction of college, but instead got off, taking odd jobs, selling cigars, or helping in his brother's restaurant. He thinks a discussion about the purposes of college and how to get into it would aid him to get clearer in his mind. . . .
>
> "We mentioned a nearby family agency and discussed this with the intake supervisor, who assigned a student worker."

Out of this contact and with the subsequent contacts with the House, Manuel was able to attend a university in the Middle West. His leaving did not break his contact with the organization, for he continued to correspond. The following are some excerpts from his letters:

> "At a recent meeting of our building, I was elected social-activities chairman. The little experience I got at the House will come in very useful now."

> "Remember the little talks we had pertaining to expression? Well, for a while I controlled myself and restricted my comments to fellows who were in agreement with my beliefs. Now, I'm using a new approach.

> Every time I get a chance, I speak up in my classes on racial issues, economics, and politics. I have discovered that a little remark dropped in class has more effect than a two-hour debate over a cup of coffee. In a classroom, they can't refute any of my statements unless they have facts to back them up. Naturally, I always make a point to be able to back up anything I say."

> "Maybe it's premature thinking on my part, but already I'm trying to decide what I should do after I leave college. My conscience tells me that with a little education, I may be of help to some people in my community."

In a recent letter Manuel requested information on race relations:

> "The information is to be used in connection with a campaign to educate the people of this state on racial issues. Our group has no name and is composed of many religious groups and quite a few fellows who have no religious preference. . . .

> "I hope that the people who know me realize that though I don't write, my thoughts are always with them. When I see people living in comfortable homes, I think of them and the miserable conditions under which they live. When I hear people complaining because they can't get enough luxuries, I wonder how they would feel if, like many of my friends, they couldn't afford decent clothes and a satisfying nutritional meal. I may be miles away, but when any one is discriminated against, I'm there. I'm there when they are dancing and laughing and when they are trying to make their lives a little more bearable."

Group workers are always interested in helping individuals in their growth. The techniques and methods we use, the activities of the group, and the reference of cases to specialized agencies are the means of bringing about the growth. Some needs can be met through the group or through individual conferences with the leader. Others must be answered through reference to other agencies.

A Group Meets with a City Commissioner.—As a part of the block-organization work mentioned above, one of the block groups prepared and distributed a check sheet among the tenants in four houses owned by a single landlord. When the sheets were returned, there were a total of 552 violations. A letter was then written to the landlord requesting his coöperation in the removal of the violations and in meeting with the group. After various attempts, no help could be secured from the landlord. The group decided to go directly to the city commissioner of housing and buildings as the next step in the housing campaign. A letter was sent by the group

to the commissioner, who called the agency and arranged the appointment. The meeting with the commissioner is recorded as follows:

> "The commissioner was advised that Mrs. Ring would serve as spokesman. She began rather haltingly, under great tension. As Mrs. Ring progressed, she became quite composed. Clearly and intensely, she presented each item on the agenda. She gave the purpose of this visit, and then went into an itemized account of the housing violations we had found. The commissioner seemed impressed and at intervals asked for amplification.
>
> "Mrs. Ring moved next to specific questions to the commissioner as to what the department of housing and buildings could do. When would the violations be inspected? The commissioner could not give an exact date, due to the volume of complaints received. However, he would call the agency to let us know the date. We would then be able to notify all the tenants, so the inspectors could have access to all apartments.
>
> "The commissioner said he would refer this matter to the chief inspector who would call us by Monday. The violations would be certified as soon as possible. Then the landlord would be notified of conditions found in his houses. He would then, depending on the nature and extent of repairs, be given time to comply with their directive (probably four to six weeks). The houses would again be inspected to determine compliance. All violations remaining would be turned over to the legal bureau of the department. The commissioner had no idea about the amount of time litigation and prosecution would take, but assured us of his coöperation and the department's follow-up on all steps.
>
> "The tension relieved, the conference took on an animated quality, as Mrs. Fox, Mrs. McGregor, and Mrs. Ring brought up other personal problems. Some of these were not in the province of the department of housing and buildings. The commissioner referred them to the proper city departments.
>
> "This experience was a very profitable one for the committee. It had given them a sense of their own strength, of their own worth, and of their own importance as people. It had shown them the value of organized action. Any feelings of insecurity, doubt, or other negative feelings were replaced by confident enthusiasm. They are much encouraged and this experience will serve as strength for future efforts."

As a result of the meeting, the following steps in the housing campaign were outlined:

1. The chief inspector was to call the House, to give the exact date when the inspectors would be in the block.
2. A week after the inspection, the landlord would be given notice, allowing him from four to six weeks for making repairs.
3. A recheck was planned about six weeks after this date.
4. Depending on the landlord's action, the department of

housing and buildings would take the matter to court and the chief magistrate assured the commissioner that he would be more firm with landlords than he had been in the past. The commissioner saw the possibility of paying the rent to the judge and having it held in escrow for the landlord pending repairs.

Here is a group of adults who were enabled to do something about their terrible living conditions in an overcrowded depressed area in New York City. Peeling paint, falling plaster, leaking or broken plumbing, cockroaches, and overcrowding are not stimulants to healthy living. So many of our people face this type of condition daily with frustration or utter hopelessness. Standing still, doing nothing about a problem can lead to serious emotional troubles. Only through successful individual and group action, carefully selected and guided, can apathy and frustration be overcome and the person take his place in a democratic society.

Emotional Needs Find Expression.—When a group worker gets into close working relationships within a group, he is able to individualize the members and locate a fairly large number of children and adolescents who have emotional needs that find expression in a variety of ways. Many of these are children who have been deprived of normal familial relationships, especially those who come from broken homes or whose mothers have had to leave home for work since the children were infants.

An interesting situation developed recently in a group of ten-to-eleven-year-old girls at a center. It is a group of eleven girls of Puerto Rican, Irish, and Negro backgrounds. At the first two meetings, the group engaged in some activities on a playground and in a trip to a nearby park that did not seem to tie the girls together as a group and did not permit the leader to establish much rapport with the individuals.

At the third meeting, the leader was able to give of herself and to establish herself with the group by telling stories to them.

The girls came for their fourth meeting with plans for cooking. After waiting ten minutes for the entire group to arrive, the eight who were there went with the leader to buy the food they had chosen—hot dogs and cup cakes! On their return to

the center, the girls found one more member waiting for them, which meant that they did not have enough hot dogs to go around. They decided to cut off a piece from the end of each of the eight frankfurters to provide food for the extra person. One girl spit on her hot dog and said, "No one is going to have any of mine." The leader talked informally to the group about hygiene and sharing with one another, but did not once emphasize the point or direct it to the particular girl.

The leader helped the girls to divide the seven frankfurters and to cook them and prepare the table. When they sat down to eat, there was a homelike atmosphere—an attractive room, colored napkins, friendly conversation around the table, and something good to eat. As the children were preparing to leave, the three most deprived girls reverted to baby talk and such infantile behavior as trying to sit on the lap of the leader. The leader handled the situation objectively without rejecting the children. She helped them with their coats, said that she would see them next week when they would have another enjoyable meeting, and gave them a friendly "good-by." The mother-food combination in a warm, friendly atmosphere seemed to create a need to relive phases of emotional development in which the children had been deprived of the essential love and understanding.

The group experience can provide a satisfactory substitute for the love and understanding that are not available in a home. However, one of the essentials of group work with children is to get acquainted with the parents through visits by the worker to the home, invitations to the agency, and, if possible, active participation of the adults in the agency program. In this way we can help the parents to understand the children better and to provide a more healthy situation in the home for the children.

In working with adolescents, a group worker finds even more complex situations, although often, at the base of this complexity, are the termites—deprivation, neglect, or rejection. The group worker must analyze the behavior of adolescents in order to determine what needs are being met by this behavior. In many cases we find too much "feudin' and fightin'" at home between parents and between parents and children. The adolescents feel that the parents are too seri-

ous and do not want to have fun. Often a feeling of guilt results because the adolescent is dependent on his parents and wants to be independent.

As an example of this conflict, let me quote from the record of a supervisor who was meeting with a group of fifteen-to-seventeen-year-old boys after they had exhibited extremely hostile behavior in the agency program. This group of boys had been located in the neighborhood through a detached-worker project. After a specially trained street-club leader had worked with the group in their natural haunts over a period of seven months, they expressed an interest in becoming active in the agency program. The detached worker came in with the group during the winter and helped them with their adjustment in the agency. He also continued to work with them in other situations outside the agency.

Much progress had been made with the group through continuous, intensive contact over a period of time. However, a very successful, constructive experience one day does not necessarily mean that the situation is "constructive" the next day. On occasions the group adjusts well and reacts favorably to the leaders in the agency and to the other adolescent groups. At other times they are completely "off the beam." Progress with a group cannot be measured day by day. It must be seen in perspective by determining the direction the group is going over a period of time, six months or a year.

The record below was written after a very trying evening for all concerned. The detached worker was not on duty and this had not been the night when the group had its meeting with the club leader. The boys came in shortly after seven o'clock, hung around the lobby, and went to the game room. Around eight o'clock things began to happen. After a half hour of a variety of destructive and hostile behavior, the supervisor asked the group to meet him in his office. The record of the supervisor states:

> "I had been talking with the group for about thirty minutes when I asked if they wanted to tell me why they thought their behavior had been so negative. The group expressed wonderment at what I was asking. After a short interval, Jerry spoke for the group saying, 'You're talking about fighting with those guys, breaking the windows, destroying the furniture, and going into the kitchen and raiding the ice box. Yeh?' I replied that I was.

"Bill said he would like to tell me. 'Well, it's like this. I get to bed 'way late, say just before 5:00 A.M., maybe 4:00. Before long my old lady's calling me to get up for school as she's leaving for work.' He oversleeps, gets up 'groggy and foggy,' burns his 'damn bacon,' 'ain't no more bacon.' So he goes without it. He is late for school. His teacher gives an argument and talks before the class about expelling him from school. At lunch he has a fuss with his girl and she refuses to allow him to walk home with her. On the way home some 'jerk' goes to spit and unintentionally hits his foot. He fools around the streets until supper and his mother is late with the meal and wondering why he doesn't get a job after school like a 'good boy.' 'I wanna tell her to go to hell.' He eats and comes to the Center. Then 'some guy steps on my foot in the game room and what the hell do you think? Well, by this time I've had enough. I punch him in the mouth and the fight's on. What the hell!' "

In order to analyze this particular situation fully, more space would be required than is possible in this paper. More intensive work has to be done with the individuals, using various resources in the community—the bureau of child guidance and other psychiatric case-work services—in order to find out the basic difficulties. Integrated efforts have to be continued by the staff in the agency and the detached worker. A more intensive program in the group will have to be developed on the evenings when the club meeting is not being held. Firm, but friendly controls will have to be maintained before the group members will be able to develop inner discipline. The ability to establish and to maintain satisfactory relationships with the individuals and with the group as an entity will largely determine success or failure with this group. It is a long pull, yet the end in view is worth all of the efforts that any group worker can make.

Mental-Hygiene Potentialities of the Group-Work Process.—The group-work process offers an unusual opportunity to locate and to help in the solution of mental-hygiene problems. The setting is informal. The people come because they want to come. There is no content to get across. The program is based on the interests and needs of the members of the group. Emphasis is placed on having fun. The rôle of the leader is to help people to help themselves through meaningful group experience. This composite makes possible free expression by persons of their basic problems, through words and action, in ways that are socially acceptable as well as in those that are socially unacceptable. Asocial and anti-

social behavior can be channeled into healthy activity through continuous planned, friendly guidance.

It is my hope that during the next decade, mental hygiene and group work can become even more closely related in their mutual endeavor to develop more healthy living among persons.

Some of the objectives on which we can work together are the following:

1. There is a great need to conduct more scientific research and experimentation in intra-group and inter-group relations, child and adolescent behavior, the home and neighborhood soil in which the child grows, and the essential community services that make for healthy living. Dr. Leona Baumgartner, Associate Chief of the U. S. Children's Bureau, was quoted in the *New York Times* on November 12, 1949, as saying that "there had been more formal research on the care of farm animals and plants than on the care and nurture of children." She told the Kansas Council for Children that "in 1947 some $625,000,000 was spent on research, with less than $1,000,000 spent for children." We have reached the time in our development as a country when more of our efforts and our funds must be directed toward the need for social research, engineering, and planning and less on the physical-science aspects.

2. We should work together to eliminate the bad environmental conditions with which a large percentage of our population have to live and to provide the essential community services for children, youth, and adults. Bad housing and crowded housing, inadequate incomes, lack of play space, traffic hazards, ghetto living for minority groups, and many other negative characteristics of urban living must be eliminated if we want to develop mental health to the fullest.

The making available of many more neighborhood centers for children, youths, and adults is long overdue. Although a few more centers financed primarily through private contributions can be added to the health and welfare services in our cities without breaking the community's financial back, the greatest development must come through the increase of tax-supported services. The principal emphasis should be on the opening of every usable school building for child,

youth, and adult activities, during the afternoon and evening under the leadership of an adequate well-trained staff. Also more playgrounds and summer-camp services should be made available to our children and youth.

3. There is need for an integrated approach among all agencies that work with the individual. At the present time fragmentation more aptly characterizes the approach to the individual than does integration. The school-teacher works with the child one way while the minister or priest, the parent, and the leader of a club use their own separate methods. Each goes his own way in the hope that what he is doing is healthy for the individual in question. Possibly he can make the integration for himself. More probably he is confused by this department-store type of approach.

Through joint projects, through clearing and planning with one another, through keeping good records and sharing them, and basing all of our approaches on the needs of the individual, we can achieve a more complete synthesis of all of our efforts. The "I want to be alone" and "You go your way. I'll go mine" attitude is outmoded not only in international relations, but in the day-by-day relations in a local community. No one particular method or field has the complete answer. All of them working together can find the solution.

A DAY IN THE LIFE OF A POLICE OFFICER

JAMES B. NOLAN
Deputy Police Commissioner, New York City

I WANT to center my remarks here on the problems that confront the police officer in his daily work, particularly his relationship with the public. Fully to appreciate the strategic position the policeman holds, let us first consider the environment in which this dynamic interaction takes place.

New York City has three hundred and twenty-one square miles of territory and almost six hundred miles of streets to police—streets and avenues that are heavily burdened with a million and a half motor vehicles. Besides being a business center concentrated in a relatively small area, it is one

of our most important seaports. It serves as an attaction for millions of tourists yearly. More diverse activities cannot be found anywhere else in the world.

This is the physical and material aspect of New York, but what about its people? To-day we have an estimated population of over eight million, and you can add another million to that number who are visitors or daily transients. Among our residents you will find the cultural traits of the world. In fact, in many areas national and cultural backgrounds establish the physical boundaries of these areas. This pulsating city, with all its personal and group dynamics, must be regulated by laws. There must be that measure of social control which extends protection to the individual and guards and furthers the welfare of the group as a whole. Government, which enunciates the rules of social conduct that we call laws, has placed the responsibility of the enforcement of these laws in the hands of the police.

Nineteen thousand members, both men and women, make up the department charged with this responsibility. To preserve the peace, protect life and property, enforce the law, prevent crime, and detect and arrest violators of the law are its primary functions. Federal, state, and municipal statutes, rules and regulations of city and state departments, which have the force and effect of law, prescriptions of conduct having as their object the health, safety, and well-being of our people, must be enforced by these police officers. This is a fundamental responsibility.

Now, what about the policeman? Who is he? How is he selected? What do we expect of him? These are pertinent questions for the frame of reference in which we hope to look at our policeman in his everyday life.

Applicants for police work come from the residents of New York City. Our civil-service commission, which is responsible for holding examinations for all civil-service employees, exercises great care in the initial selection of these future police officers. It is interesting to note that of thousands of applicants who apply for the position of patrolmen, less than 10 per cent make the grade. It is also interesting to observe the changes that have taken place in the type of policeman being recruited to-day as compared with those of

years ago. Law enforcement has been raised to the dignity of a profession and to-day the young man entering the police department recognizes its professional status. He makes police work his career and assumes his duties and responsibilities in a serious manner.

Incidently, we must be and we are very careful in selecting this policeman. Particular attention is given to his mental and physical capacity, his moral background, his personality, and his adaptability for this important work. The entrance examinations, both physical and mental, are probably the severest of their kind in the history of police work in any part of the world.

This prospective policeman's prior training, his economic and social pursuits, have been as varied as the opportunities that exist here. Among the applicants, we find in great numbers the lawyer, the teacher, the accountant, the chemist, the technician, the mechanic, the college student.

After the prospective police applicant has been selected through competitive examination he is carefully investigated before appointment, both by the civil-service commission and by the police department—this, as to general character, previous employment, and any prior criminal record. Vacancies occur within the department from time to time through retirement, resignations, and sometimes dismissals. When a sufficient number of these vacancies exist, the police commissioner requests the civil-service commission to certify a specified number of applicants, depending upon the number of vacancies. Once again these men receive a rigid medical and physical examination by our own department surgeons. Those surviving this test are sworn in as probationary patrolmen and are assigned to the police academy for three months of intensive training. This includes physical and mental courses, first aid, and the care and use of firearms.

Good physical condition is very important, for there are times when this police officer will be confronted with many and varied situations that will tax his physical resources to their fullest capacity.

He must be made conversant with the laws of our country, our state, and our city, for he will be called upon to enforce them. He is instructed in the provisions of the code of

criminal procedure, the rules of evidence, the *modus operandi* of criminals, and the rules and regulations of our department. Frequently he is confronted with a situation in which he must not only know the law, but interpret it, in order to take proper police action. It is well to remember that he is civilly, and sometimes criminally, responsible for his official acts, and must exercise the greatest care. He must be familiar with the rules of the city and state departments which he must enforce and which very often have the force and effect of law.

Experience in giving first aid is also a very important duty. Frequently the policeman will be called to a scene in which persons have been overcome or, perhaps, seriously injured in a street accident. Very often he takes the doctor's place in assisting at a child birth. The health, and sometimes the life, of the person involved may depend upon the immediate action and the proper action taken by this policeman.

Intensive training in the use and care of firearms is given. The policeman must be ready at all times, quick on the draw, and must shoot with deadly accuracy.

Having completed this period of training, the officer is now ready to take over the important and hazardous duties of his chosen profession and consequently he is assigned to a police precinct for active duty in uniform.

We have, as you may appreciate, many divisions in the police department. Personnel assigned to many of these divisions require specialized training. Among these branches we find the detective division, the emergency-service division, the traffic division, the motor-transport division, the technical laboratory, the juvenile-aid bureau, and many others. One thing we recognize and exact, and that is that the young patrolman must perform patrol duty for a considerable time before consideration is given to any other assignment. This is basic.

I might make a further observation about this officer. We expect his life, both public and private, to be exemplary. Any conduct prejudicial to the order and efficiency of the department, either on or off duty, will not be countenanced.

When assigned to a patrol precinct, the commanding officer of that precinct personally instructs and advises this young patrolman because, while he has absorbed a great deal of the

theoretical aspects of police work during his training period, he must now learn practical methods of putting them into operation. This ability will come to him only with time, patience, and perseverance.

Unlike most people whose working hours are well established and consistent, this police officer's work day varies. He may perform any one of three tours of duty: 8 A.M. to 4 P.M., 4 P.M. to 12 midnight, or 12 midnight to 8 A.M., alternating from one shift to another. He reports to his station house at least thirty minutes before his tour of duty begins, so as to equip himself properly and obtain pertinent information, including alarms for stolen automobiles, persons wanted on criminal charges, missing persons, and the like. He must also familiarize himself with precinct conditions, particularly those on the post to which he is assigned. For the ensuing eight hours of duty, he is responsible for the enforcement of law and the peace and security of the people of that area.

His responsibilities vary to a great extent, depending upon the tour of duty he is performing. Among these we find the following:

Covering school crossings is a very important duty. This means safeguarding hundreds of children who must cross at hazardous intersections on their way to and from school. These youngsters soon get to know the officer and become quite friendly with him. This friendliness is a very healthy sign. We want the child to look upon the policeman as a friend and protector, not as one whom they should be afraid of or run away from.

Another important duty is the enforcement of laws applying to health and sanitation, including dirty sidewalks, obstructed sidewalks, uncovered garbage cans, holes in the streets and sidewalks, dangerous signs and many other conditions. Almost invariably these conditions can be corrected by bringing them to the attention of the individuals responsible. Occasionally a warning is necessary. Rarely, however, is summary action taken in the form of a summons, and then only as a last resort after warning has achieved no results.

Pawnshops, second-hand stores, and junk dealers must be inspected from time to time to see that proper records of

transactions are kept and that stolen property is not being accepted. Pool rooms and bowling alleys must be visited periodically to see that children are not employed or permitted to frequent these premises, or that questionable characters do not congregate there. Motion-picture theaters also must be checked to guard against the admission of children unaccompanied, particularly during school hours.

Inspection of dance halls and cabarets and close observation of licensed liquor premises, to insure strict observance of the laws and regulations applicable to such places, is very important.

The guarding of pay rolls to prevent hold-ups is another important duty. Street and highway accidents are very frequent, necessitating prompt and stern action by the officer, as well as the duty of reporting them. Family quarrels are frequent, mostly complaints of wives against their husbands, charging non-support, abusive language—yes, sometimes assault. Here the police officer must be sympathetic and understanding, as well as firm with the offending party. The woman is usually referred to court for proper process. However, morning comes and husband and wife have patched up their little differences.

Policing street meetings to protect the speaker and see that the meeting does not prevent the orderly movement of traffic is another important duty of the police officer.

During the night, when most of the city's residents are sleeping, this officer is particularly responsible for the suppression of all unnecessary noises. In tenement areas, he must be constantly vigilant and alert in guarding against the possibility of a serious fire, not only in turning in an alarm, but also in assisting persons to leave the burning building. Often individual policemen have saved many lives in rescuing trapped persons and in preventing panic by advice, encouragement, and guidance.

Again, this same police officer may be assigned in the vicinity of a railroad or bus terminal, where thousands of people, strangers to New York, come into the city daily. "Where is such-and-such a hotel, Officer?" or, "How do I get to Radio City?" "Where is such-and-such a theater?" "I have a couple of hours in New York. What should I see?"

During the course of one tour hundreds of similar questions may be asked of the same policeman. Replies that are definite and easily understood must be given to help the vistor to his or her destination. By answering these questions fully and courteously, the officer, in a small way, perhaps, helps to reassure the stranger with the feeling that New York is not the impersonal, unfriendly place that it may at first appear to be.

And again this same policeman may be assigned to a section of the city inhabited by people who, while Americans, have cultural, religious, and national backgrounds that are distinct entities in themselves and that frequently pose problems as a result of this transition from one culture to another. In some areas, he is doctor, lawyer, and friend in every respect. People come to him with their troubles and their difficulties; and he must at all times be patient, sympathetic, and helpful.

He may be assigned to the scene of a strike. Then he must demonstrate complete impartiality in seeing that the rights of the pickets are observed, and likewise that the right of the business man to conduct his business must not be interfered with.

I mentioned earlier that one fundamental responsibility of a police department is the prevention of crime. Usually this responsibility is directed toward the development of techniques and devices for the detection and apprehension of the criminal. Since the turn of the century, however, police departments in the United States, and throughout the world, in fact, have begun to realize this responsibility in a different sense and have come to appreciate that it includes more than the suppression of crime and the apprehension of criminals.

Experience has taught us that the criminal of to-day was in many instances the delinquent of a few years ago. We also know that the delinquent of to-day, if not redirected, may well become the criminal of to-morrow. In the light of this new interpretation, police departments have been developing, as part of their administration, a functional service designed to study the problem of delinquency, and incidently to do something to curb it.

We now identify the delinquent and endeavor to find out the causes of his personal disorganization and the contributing

factors involved. We then reach out into the community, to the church, to the school, to the medical and mental-hygiene clinics, the social agencies, the recreation agencies, and other socializing influences in the community, to find within this group the agency or facility best suited to serve this boy or girl and bring about his or her social adjustment. Sometimes it requires a combination of these resources. We have created a bridge between the errant younster and the agencies set up for his readjustment without the formality of going into court.

Here, then, is a new development in police administration which thirty years ago was a novelty to many departments and regarded with suspicion by others who doubted the desirability and the legality of such procedure. To-day, as I have said, police departments throughout the world are studying and implementing this type of program, which is consistent in an economic, social, and moral sense. We have not neglected our basic responsibility of protecting society. We have assumed, however, this additional responsibility of furthering the socialization of the child, so that he or she may grow up to be a good man or woman and an asset to our society.

These crime-prevention activities have brought us into a new focus, particularly in the minds of youths. We are no longer repressive agents concerned merely with enforcing laws and apprehending violators. We are also protective agents, extending a helping hand to the child socially unadjusted because of individual circumstances. As the physical sciences are being developed and used towards detection and apprehension, so now are the social sciences being used towards prevention, each playing an important part in police administration.

But how does this affect the individual police officer? Well, he is the one who initiates the proceedings. He is the person who usually makes first contact with the delinquent or predelinquent child. Instead of arresting for a violation of law, he merely obtains pertinent information concerning the child and the violation, and transmits this information to the specialized unit of the department, the juvenile-aid bureau, who will proceed from there on.

Here, then, is our policeman, one of the nineteen thousand

who patrol the streets of the city, bringing to each and every one of us the protection of the laws that have been made to maintain and sustain our society. Of course, he has at his command many and varied specialized services to augment this protection, and he can bring all these services into play when needed to safeguard the well-being of the people whom he serves.

We are a city in a democratic society, and despite our diversity in tongue, culture, and economic status, eight million of us are moving about these five boroughs, acting and interacting with one another, secure in the knowledge that the police officers symbolize the power and the majesty of society's laws. This same police officer offers to each and every one of us that security and safety which we alone cannot provide, but which our society places in his hands for the good of every one of us.

A DAY IN THE LIFE OF THE TEACHER

ALICE V. KELIHER
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A NUMBER of teachers from a variety of schools and communities coöperated in a study I am making, by keeping a log of one day, with particular attention to things that seemed significant to them for their own mental health. Let me read you three of these logs:

A DAY IN SCHOOL

"Each morning finds me enthusiastic and I sail into school ready for work. Unfortunately, this pleasant frame of mind cannot always last through the day.

"To-day, I signed the time book, took my keys and the notices in my box, and went upstairs. When I reached my room, I straightened my desk and looked my plan over, so that I could guide the children as they planned the day's work. Then I began to go through my mail. It contained a note telling me to prepare a Pan-American Day program for the assembly. The scheduled date is April 13. The children had already planned a variety show, using all the class talent. I knew that they would be as disappointed as I was, and I tried to figure out how to tell them about the change.

"As I walked to the rear of the room, I noticed one of my plants lying on the floor, the pot broken to pieces. A class that had used my room for movies the previous day, last hour, must have thrown it down. I

gathered up the débris, and then noticed that one of the new dark shades (that I had waited six months for) was ripped.

"I immediately wrote to my principal asking her to have the custodian repair the shade as soon as possible. Then my boys began to wander in. They distribute the milk to the various classrooms and have the privilege of coming up before the bell. Soon they were busy washing the boards, feeding the turtle, and doing all the other things necessary to get ready for the day.

"Then the bell rang and I went out on hall duty. It is not a difficult duty, but I would rather be in the room when my children come in because that is the time for confidences and quiet talks.

"Soon we began to plan the day's work. We read the logs of the previous day, chose the best one and discussed the news. During the arithmetic period, a boy came dashing in. He needed the film strip machine at once. A junior-high class was scheduled for it and he had forgotten. My monitors gave him the machine. At the end of the hour, it had not been returned. It was needed for a third-grade class. I sent the monitors out to locate the machine and to take it down to the teacher who wished to use it.

"A few minutes later we were interrupted again. The machine just wouldn't work. I asked my student teacher to take over, and I went down to see if I could locate the trouble. I couldn't see anything wrong, so I decided to change the bulb. Before doing so, however, I tried it in my own room. It lit. Just then I noticed the custodian passing my door. He agreed to see what the trouble was. It seems there was a short in the wall plug and he said he would have it fixed after school hours. I promised the disappointed children that they would see the fairy tale the next day, and hurried back to my classroom, hoping it would be the last interruption for the day.

"I set up the Victrola and was about to play the Peer Gynt Suite when—CRASH! Joe had backed into the table and thrown the film strip machine to the floor. The look of consternation on his face was something to behold. I told him not to worry because I was sure it could be fixed, and that it was an accident. I knew that he was not careless.

"As I picked up the pieces, I knew that I couldn't possibly fix the machine, so I had it carried down to the office to be picked up by the repair service. Believe it or not, we finally settled down to work.

"After lunch the afternoon progressed pretty well. There was just one interruption. A teacher brought back a moving-picture machine with a broken film in it. She left no doubt in my mind as to who she thought was to blame for the film breaking. She was not made happier by my decision not to mend the break then and there.

"At two o'clock we went to the yard for games. When the weather permits, we go to a nearby park to play. It was raining to-day so we had to stay in the school yard. The noise and confusion in a small yard when three classes use it at the same time is something you have to experience to understand.

"After dismissal, I phoned the repair service and asked them to call for the machine. Then I spliced the broken film and rewound it, hung up my keys, signed the time book, and left.

"As I walked to the bus, X's mother met me. X was very upset. Could I stop for coffee and explain a few things? Some children had

been told that they were elegible for the special rapid seventh-year class next term. X had not made the grade because of her math. She knew all along that it was her weak subject, and so did her mother—but still they were both unhappy. I'm still not sure who was the more upset. I answered her questions to the best of my ability and then she walked me to the bus, boarded it with me, and rode downtown, talking about the problem all the way.

"My street finally appeared and I hurried off the bus. My living room looked positively beautiful to me. It was quiet and I settled down with my book. I just won't think about it any more to day."

MY DAY

"I teach in a very small community of about 2,900 people. I have one fourth grade of nineteen pupils in the crowded elementary school.

"The particular day about which I write here began quietly and pleasantly at 9 o'clock. But the first twenty minutes were taken up with checking permission slips for the music festival to be given in May. The music teacher also had to check on ticket sales and to ask and answer numerous questions. Then we settled down.

"At 10 o'clock—or the end of the recess period—I stepped into the hall to talk to a mother. We (the class) had been waiting for every one to return and were quietly talking, looking at books, etc. When my visitor left, I returned to my room to find my principal standing strict and severe before the class. There wasn't a sound. I really thought something dreadful had happened. My principal said that 'they were standing up, talking.' I found that there had been no loud talking, no disorder, no boisterous behavior. I did find that what they were intent upon discussing was a play one little girl had found, and which they thought would be nice to give. The big question was who would take part, and if some one should be absent, who would be understudy.

"This incident is, in itself, very small, but it is really a true indication of a negative attitude in a more or less traditional school.

"At noon I had lunch-room duty. The afternoon had scarcely begun when I noticed that one little girl looked and acted very ill. I sent word to our principal so that he could contact the school nurse. The answer was that the nurse was busy with classes at the high school and couldn't come over. I took the child to the nurse's room and made her as comfortable as possible on the cot there. I found that the little girl was timid about being left alone in the nurse's room, and only after being assured that I would look in every so often, would she calm down. This I did. In the meantime, no word of help came from our office.

"The school nurse came in later on an errand of her own, and took the little girl home. She was very much disturbed to think that the case had not been reported to her. By this time the afternoon was nearly over."

"Woke to a bright, crisp day. Had my usual fruit juice, two bowls of oatmeal, and several cups of coffee. Drove to school, singing. (Mental health A.) Arrived, greeted policewoman at corner, custodian in hall, and teachers 'signing in' in the office. On the way to our rooms Jane (another 2-B teacher) and I wondered when we would get our furniture.

The furniture for our two rooms had been piled up in the cooking room for going on two weeks. No official word had been given, so there it sat! (Mental health B.) We had been willing to move it ourselves, but we had to wait for that official word.

"The children arrived. (Mental health A.) Half an hour later—in the middle of writing our newspaper, the furniture began coming to our room! Out loud I said, 'How nice! What lovely furniture! Thank you so much,' etc. Inwardly I murmured, 'Of all the crazy times!' or words to that effect. (Mental health C.) Then I looked at the surprise and delight on the faces of my children. (Mental health A.)

"And we spent the rest of the morning shoving old furniture out and new furniture in. (Children's mental health A, mine about zero.)

"I couldn't take the children away—they were having a wonderful time. So were the custodians and their helpers. But thirty lively children, all too eager to help, kept me busy rescuing things—a doll, a flower pot, a paint table, somebody's lunch, a book, a sweater, my attendance sheet, etc.

"We were all busy and laughing—even I was laughing (my mental health was jumping from A to zero and back again). Then the superintendent of schools walked in—or, rather, stood in the doorway—he couldn't get in. No one stopped working except me. I stepped around and over things until I reached him. I smiled, shook hands, and said good morning. His expression was a mixture. (I couldn't figure his mental health at the moment; mine wasn't registering.)

" 'The order came very suddenly and was carried out just as suddenly,' I said, 'It was quite a surprise—and a most delightful one for the children—as you can see and hear.'

" 'Ah—um—yes,' he answered.

"By this time several children had joined us. They said good morning and thanked him for the 'beautiful' furniture. The three little girls made elaborate courtsies. (They take ballet lessons.) He smiled. The two boys wanted to know how much the furniture cost and did he pay for it himself. He coughed, looked a bit startled, and said no, he did not pay for it and he couldn't remember how much it cost. Then he said good-by and left.

"We went back to work, and then it was eleven-thirty and time for noon dismissal. All the mothers who came for their children came in to admire the furniture. We discussed care of furniture and care of children.

"At one o'clock my children returned, eager to work at and on and with their new furniture. The newspaper was finished. Work and play went on.

"A notice came in. I read it—signed it—and promptly forgot it. (Mental health A, but to-morrow when I find out I have not done what the notice required, it will be F.)

"The children decided we should have company to hear us read. Susan Ann was voted to be our nurse, Mrs. Smith. She left the room, closed the door, and knocked. Judy admitted her and we greeted her and read to her. Then Bob became our nice supervisor, Mr. Roy. Just after he came in, the real Mr. Roy came in. He was greeted with such shouts of joy, he just stood and looked at me. He smiled and asked, 'What's

all the excitement about?' Then we explained and he went over and shook hands with 'Mr. Roy.'

"And John discovered a scratch on his knee. I looked—it was the same scratch that hurt last week—an emotional scratch—not physical at all. John's baby sister gets all the attention at home and it hurts to see something similar in school. John has been upset for a month. He has 'hurt places' here and there. I found that a box of soda bicarbonate in my desk can cure many such hurts. He rubbed his knee well with the dry powder and at once lost his 'hurt.' His mother knows; she is helping me; it will take time.

"We finished our school day listening, dancing, and singing to records. And eating graham crackers.

"After school I telephoned a little boy of mine who had been absent because of illness. (My registration is 31.) His mother invited me over and the child joined in. I went. And I saw two programs for children on television. Such absurd stuff they give!

"I drove home at six. The stars were out. I didn't sing. I kept saying to myself, 'There is so much to be done—so very much to be done for our children.'"

These three teachers are in quite different communities and different types of school which I shall not identify. These are only a few of many such logs teachers have prepared for a study now under way of their mental-health "hazards." From many other such logs and a collection of anecdotal records from over fifty teachers, we can at least tentatively analyse some of the problems and some of the bright spots in the day of the teacher. Let us look at the major problems first.

1. There are too many "surprises" in the day of most teachers. These may be requests to take other teachers' classes or duties; sudden and unexpected calls to meetings; emergency demands for help, as when the projector broke down; unexpected deliveries of supplies or equipment, as in the case of the furniture; requests for supply orders or forms to be filled out by the close of the school day. The surprise element is serious because the teacher is necessarily called away from concentration on the children's needs. Perhaps the more serious aspect of it is that teachers have not been part of the planning group in the administration of the school, else these items would not come as surprises and teachers could arrange to budget necessary time with less disturbance to the childrens' day.

2. A closely related problem, which does not necessarily

involve the surprise element, but shows up most prominently in teachers' logs, is just plain interruptions. "Monitors" appear at all hours of the day—to get attendance reports; to get milk money and the milk order; to get bank money; to bring notices from the office which must be read and signed while the messenger waits; to write in a notebook names of children staying to lunch; to search for owners of lost and found articles; and on and on and on. Teachers realize that a few emergency interruptions, as in the case of illness or accident, cannot be avoided. But they are worn out and often harassed by those that seem of trivial importance or that could as easily be handled at some other time.

Creative and coöperative administration encourages teachers to participate in the planning, so that they may work out ways to protect the integrity of their day with children. When the interruptions are for items that seem negligible in value, teachers are led to conclude that their work with children is of secondary value to such administrative demands. Creative administration, shared by teachers, would also discover that many of these items could be handled entirely by the children, with great educational benefit to them. One teacher reports that she is required personally to put the savings stamps in each child's book every Friday!

3. A third concern is the assorted list of "duties" teachers are held for. Street duty, yard duty, basement duty, hall duty, stair duty, lunch-room duty, bus duty, after-school-detention-room duty—these reflect much about the program in a building. Many of these "monitoring" situations grow out of the fact that children are forced to stay out of the classrooms until the bell rings. They must gather in lines out-of-doors or in the basement and proceed in line to their classroom. Hence monitoring of yard, basement, stairs, halls, and so on. Compare the feeling of this military-like approach to children with those schools which are truly "second homes" —where classrooms are beautiful and homelike; where teachers are warm and friendly; where children stroll into their rooms on arrival and busy themselves with the happy chores of the day.

The size of schools also leads to the quasi-military approach and the misuse of teachers' time for monitoring. In a large

city, the elementary principals and I were discussing a new program for young children. I remarked with great joy that the lining up of children to enter the building was a thing of the past and I was particularly pleased to note the disappearance of the police whistle as the means of notifying the children that they might enter. But I was due for disillusionment. From the glances and elbow jabbing and from later investigation, I found that an appreciable number of these principals still required the morning line-up, and that at least one had a police whistle in hand. One of them sincerely and conscientiously pointed out to me that this procedure was necessary for *safety* when buildings had two and three thousand children coming and going at the same time.

Here is the crux of a mental-health problem we *must* face. Are we to continue, because land values may be high, to devalue the humanness of the daily lives of our children? If we wonder, as we must, why so many of our people seem insensitive to the needs of others, may we not find one answer in the mass living and consequent regimentation of the day of the child in school? John Dewey once said that schools for children should not have more than two hundred people in them. The warmest, friendliest, least regimented schools I have seen have generally been the small ones. But let me hasten to say that I have seen large schools with an amazing warmth and a homelike quality that have grown out of sympathetic and understanding leadership coupled with democratic participation in planning by teachers and parents.

4. Are you surprised that child behavior has not yet appeared as a top problem in the day of the teacher? I was, when I went through the logs, and I felt optimistic about the order of the problems teachers report, since those we are dealing with now could be so easily remedied if we chose fine, democratic leadership. We are not yet down to child behavior as a serious item. We are now on *paper work*. This seems to be a problem in almost every kind of school, but in the good schools folks are working together to see how they can reduce the amount of sheer bookkeeping and form filling that teachers have to do.

"Attendance anxiety," induced by the way states reimburse localities on the basis of days attended rather than pupils

enrolled, leads to attendance registers that must be kept by *half days*, and that involve statistics complicated enough for the Ph.D degree! Transfer forms, order forms, late slips, bank-money reports, and many others are always in triplicate or quadruplicate. And in far too many schools they have to be filled out on the moment. Notice that I did not include under paper work cumulative records and notes to parents. These are the kinds of meaningful paper work that teachers wish they had time for.

5. The human relationships among staff members in a school figure prominently, as was to be expected, in the teacher's day. You recall the principal who was disturbed by noise. But another teacher says this: "Were I still at the same school as last year, I doubt if I could include *all* the pet peeves which make teachers wonder if it is teaching children for which they are receiving a salary. But now being fortunate to be teaching in a school where mental health among the faculty members rates 'superior,' I have discovered that working with children can be enjoyable and fun! This, I feel, is due to the grand principal we are blessed with. She considers her teachers with high respect, and gives them credit for having intelligence and good common sense."

One teacher was chagrined when the physical-education teacher insisted on keeping the boys in after school because one boy had misbehaved. The classroom teacher was distressed primarily because she did not want her boys to think that extra time in school was punishment when she wanted it to be pleasant and inviting, but also she and the class had a plan for that afternoon which was arbitrarily disrupted. So the relationship of teacher to teacher figures in the feeling about the day. This, too, differs from school to school. Again, the leadership is of crucial importance. A teacher says: "In my situation I work with a supervisor who is trained in the handling of human relations. She not only has the formal training, but she also has the kind of feelings for people that create a warm interchange between people around her."

Another teacher summed up the desirable pattern for human relationships as follows: "We think we have a lovely school, a most understanding principal, who is a friend as well as a supervisor, and who spares us unpleasant and disagreeable

things as much as he can. Our children and parents are grand, and there exists an exceptionally fine community-school relationship. We are a relatively small school—about twenty-five on the staff. We know each other very well socially as well as professionally. We enjoy our work, each other, and the children."

But even this happy teacher, loaded with requirements which the principal cannot screen from her, ends her log with, "If *they* would only let us teach!"

6. Although there are other items that are important in the analysis of these logs, I must proceed to the vital one of child behavior and parent relationships. The day of the teacher is, of course, greatly concerned with understanding and guiding child behavior and with effective partnership with parents and the agencies that help parents and children. The more insight the teacher develops, the more irksome are the items that I have presented, the more the teacher wants to devote concentrated time and attention to the children, the more important becomes coöperative study of the children by all who affect them. The more insight teachers develop, the more they value and wish to produce good cumulative records and to carry on valid observations of their children, the more they value the help of guidance experts in the school systems and from outside agencies. They want time and facilities for conferences with parents in which they can seek genuine partnership in guiding the child's growth. They wish that more of their day could go into these top-priority activities.

If this picture I have given you from my survey seems negative, let me hasten to say that there are many schools in which the day of child and teacher is a good one—relaxed, unhurried, built on mutual planning. There are many schools where keen teachers are sensitive to the needs of children and have supporting administrative officers and parents who appreciate their efforts toward healthy growth of children. A teacher in one such school writes:

> "The board, the director, and the staff meet and decide on educational policy. There are never any arbitrary rules or orders. The staff meets once a week and discusses problems that have come up and tries to anticipate problems that may arise and decide on the best ways to handle them. As long as we believe and carry out our fundamental educational

> program, we are encouraged to use our initiative and every resource available to give an enriched program to meet the needs of the growing child."

This is one of the many happy teachers. And happy teachers make for good mental health in children. They are able to focus their full intelligence and insight on the activities at hand; they can discover the children who need an extra dimension of love and care; they are secure enough to reach out for expert help.

But I must warn you that the harassment of teachers is more prevalent than you think. The best of teachers cannot be free to create wholesome living if the total life of the school is unwholesome. We have the opportunity of the century. Thousands of new teachers must be found to fill the many vacancies. This is a time to bring new blood, new zeal, new insight and devotion into the schools. Will we find and attract the right people for these jobs? Will we discharge properly our great debt to the next generation—a good education? Will this process of child nurture become the great force for stability and for democracy that education should be? It will if we can make teaching a mature profession for mature, free minds to enjoy.

Meantime, as we grow in our recognition of the place of central importance the teacher holds, let us evaluate our impulse indiscriminately to say, "Let the teacher do it. Let the teacher attend to the absences. Let the teacher do the referring to the medical office. Let the teacher find the symptoms of emotional disorders."

I, too, want the teacher to do these things. These are keystones of the teaching job. But—let us be sure we have freed the teacher to put first things first. To quote; "There is so much to be done—so much to be done for our children."

ADOLF MEYER

Dr. Adolf Meyer died at his home in Baltimore on March 17, 1950. He had been very ill for two years, and death followed on pneumonia and a heart attack. He was in his eighty-fourth year.

The simple funeral service was held at the home, and was attended by many friends, old students and colleagues, and representatives of the Johns Hopkins Medical School, the American Psychiatric Association, and other organizations. Three members of the first group of house officers of the Henry Phipps Psychiatric Clinic were there.

From the start Dr. Meyer was one of the moving spirits in the mental-hygiene movement. He collaborated with Clifford W. Beers in founding The National Committee for Mental Hygiene—indeed, it was he who suggested its name—and he continued to be closely associated with it throughout the years. He was its president from 1940 to 1943, and its honorary president thereafter until his death.

But for the readers of MENTAL HYGIENE it is not necessary to list the offices held by Adolf Meyer as formal acknowledgment of his interest in the advancement of psychiatry in the United States. It might be stressed that his interest in and support of the mental-hygiene movement, both in the United States and internationally, were expressions of a basis conviction—namely, that psychiatry must justify itself by becoming an integral part of an over-all anthropology. He felt that the lessons of psychiatry learned in the consulting room and hospital ward must somehow be extended to the realm of ordinary living, and become a vital element in the mental hygiene of us all. To this end he constantly encouraged every reasonable extension of psychiatry into the social setting, linking up with other disciplines, and always with the end in view of establishing valid basic principles based on observable and verifiable data of human behavior.

He belonged to no cult. Those who understood him least often accused him of cultism in his insistence upon semantic realism in his teaching. They missed the point completely.

He was always open to new ideas, however remotely connected with the study of man. He only asked that every effort be made to formulate the findings in the terms demanded of scientific inquiry.

He was revered by many students and patients. He was depreciated by the petty and the blind. It is heartening to see latterly some of the blind achieving a little of the illumination that he had in such abundance. It speaks well for the basic merits of his position that psychiatry is veering away from that sectarianism which he so deplored and whose effects he knew to be destructive of unbiased inquiry. He would welcome this development in his usual spirit of humility.

He demanded much of himself and was more lenient with human frailty in others than in himself. His example of unsparing effort and devotion will continue to inspire American and European colleagues for generations to come.

WENDELL MUNCIE

HORATIO MILO POLLOCK

Dr. Horatio Milo Pollock, a leader in the field of mental hygiene for many years, died in Petersburg, Virginia, on May 8, 1950, at the age of eighty-one. In accordance with his custom since his retirement in 1944 from the New York State Department of Mental Hygiene, Dr. Pollock had spent the winter in Florida. He was returning to his home in Albany, New York, when death overtook him. This marked the end of an unusually fruitful career. Perhaps one should say *careers,* in view of the fact that Dr. Pollock was active in many fields, and left his mark in all.

Dr. Pollock was born in Patria, Schoharie County, New York, on September 2, 1868. Throughout his life, he never lost a love for this beautiful rural area, nor for rural life in general. He labored on a farm for his father during his youthful years. As a result, his formal schooling was delayed. But once started, he advanced rapidly. He received the degree of Bachelor of Science from Union College in 1895. This was followed by a period of postgraduate study in biology in Germany, where he received the degree of Doctor of Philosophy from the University of Leipzig in 1897. In the same year he received the degree of Master of Science from Union University. Half a century later his alma mater, in recognition of his outstanding accomplishments, awarded him the honorary degree of LL.D.

Returning from Germany, Dr. Pollock engaged in teaching for several years. He taught science and German in the Albany High School, economics at the New York State College for Teachers in Albany, and sociology and economics at Union College. Interspersed among these years of teaching was a period of seven years when he served as senior examiner for the New York State Civil Service Commission, and another period of four years, when he was secretary of the Civic League of Albany. This varied experience furnished a solid basis for his subsequent career, which began in 1911, when he was appointed statistician for the New York State Commission in Lunacy, which became the New York State Department of Mental Hygiene.

Upon its organization in 1889, the state commission in lunacy had recognized the necessity for statistics of mental disease that would be complete in their coverage and uniform from year to year. The commission expected that from such a system of statistics would flow studies throwing light upon many aspects of mental disease—their causation, the results of their treatment, and their social, economic, and biological consequences. The program was slow in getting under way, but with Dr. Pollock's appointment in 1911, new life was injected, and progress immediately became apparent.

The heart of the statistical system was the maintenance of a file within the central office, which included a statistical record of every patient admitted to a hospital for mental disease, with subsequent statistical records of discharge, readmission, and death. Dr. Pollock built this system, and by accumulating such records from year to year, soon obtained a magnificent series of observations on the numbers and characteristics of such patients, their annual accretions, and the outcome of treatment. As the data grew and became amenable to analysis, there began to flow from his pen a continuous series of studies. These pioneer studies added immeasurably to the knowledge of mental disease, and they have been quoted in innumerable texts. Dr. Pollock built so well that after many years he still serves as a guide to a growing number of specialists in this field.

His noteworthy achievement in New York State brought him to the attention of the country at large. When The National Committee for Mental Hygiene early felt the need for nation-wide statistics, the call came to Dr. Pollock, and he became the Committee's statistical consultant. In collaboration with Edith M. Furbush, he prepared annual statistical reviews for the United States to supplement the decennial reports issued by the United States Bureau of the Census. During the first World War he served as consulting statistician to the office of the surgeon general, and was responsible for setting up a statistical system out of which grew several important volumes of psychiatric experience during that war. Subsequently he became a consultant to the United States Veterans Bureau. In 1920 he helped the state of Illinois to

set up a statistical system. From 1921 to 1926 he was a special adviser to the United States Census Bureau with respect to statistics on mental disease, mental deficiency, and epilepsy.

During this period, in coöperation with Miss Furbush, he inaugurated the current series of annual reports on patients in mental institutions, issued first by the Bureau of the Census, and now by the National Institute of Mental Health. The census of patients with mental disease, mental defect, and epilepsy, covering 1923, differed fundamentally from the preceding decennial censuses in that it made, for the first time, a differentiation between first admissions and readmissions. It also introduced the standard classification of mental diseases into these reports.

The development of this classification was one of the principal tasks in the preparation of sound, standardized statistics of mental disease. Many attempts had been made at such a classification. Definite signs of progress became apparent in 1914, when the American Psychiatric Association appointed a committee to study the whole problem of obtaining uniform statistics from different states, including a standardized classification of mental diseases. Dr. Pollock served as statistical adviser to this committee. As a result of their labors, there was developed the first generally accepted classification of mental disease in the United States, in addition to recommendations concerning uniformity in subsequent statistical reports. As a representative of The National Committee for Mental Hygiene, Dr. Pollock was active in introducing this system into all the mental hospitals throughout the country. Subsequently he collaborated in introducing similar set-ups, with corresponding classifications, for the use of schools for mental defectives and for epileptics.

Thus, through his efforts, it is now possible to speak with confidence of many problems presented by the prevalence of mental disorders. It remains to complete that task by establishing a system of international statistics. In this endeavor, Dr. Pollock was Chairman of the Committee on Statistics of the First International Conference on Mental Hygiene held in Washington, D. C., in 1930, and was the official delegate of the United States to the Pan-American Neuropsychiatric Con-

ference, held at Lima, Peru, in 1939. One may look forward to the full realization of this task in the efforts of the World Health Organization to include mental hygiene in its program.

These statistical activities represented only part of Dr. Pollock's contributions to mental hygiene. For many years he edited the publications of the New York State Department of Mental Hygiene, including *The State Hospital Quarterly,* now *The Psychiatric Quarterly,* and the monthly *Mental Hygiene News.* He helped spread the principles of mental hygiene through a series of widely read leaflets printed and distributed by the department. He was a leader in the introduction and development of occupational therapy. He was one of the first to grasp the importance of family care for mental patients, and he was responsible for the first detailed publication in the United States dealing with this subject. His interest in the care of the mentally defective was recognized by his election to the presidency of the American Association on Mental Deficiency in 1942; and his statistical competency, by election to fellowship in the American Statistical Association, which he also served as vice president in 1933.

Dr. Pollock's last years in the New York State Department of Mental Hygiene were devoted in large part to the planning and editing of a monumental history in four volumes on the care of the mentally ill in New York State from colonial days to the present, including a detailed description of the institutions within the department of mental hygiene. This history attests to his devoted services to the mentally ill for almost four decades, and when published, will honor his memory and keep it fresh in the minds of his many friends and associates, within and without the New York State Department of Mental Hygiene.

BENJAMIN MALZBERG

BOOK REVIEWS

THOMAS W. SALMON, PSYCHIATRIST. By Earl D. Bond, M.D., with the collaboration of Paul O. Komora. New York: W. W. Norton Company, 1950. 237 p.

A biography of Thomas W. Salmon has been long overdue, and we should all be grateful to Dr. Earl D. Bond for giving us this story of a great psychiatrist. To Paul O. Komora, formerly of The National Committee for Mental Hygiene and more recently with the New York State Department of Mental Hygiene, we are also much indebted, for his long and painstaking accumulation of most of the data from which the biography was written.

A vast amount of important psychiatric material was gathered for the study. Some of us may wish that more personal incidents in the life of this great man could have been included. I, personally, believe that Dr. Bond, in his clear and simple style, has given us an excellent story of Dr. Salmon and his work, and that by writing principally of the high spots of the man and his important career, he has presented a better picture of the times of the man and of his leadership than if the story had been confused by a greater amount of detail.

Those of us who knew Salmon well get a vivid picture of this great psychiatrist and great humanitarian. We can almost hear him speak and delight in his winning smile. This, after the almost twenty-three years since he left us.

It is extraordinary how little formal training in psychiatry this great psychiatrist had. It helps us realize that one of the prime requisites in a man or a woman who goes into the professional treatment of mental illness is interest in people. This book brings out very clearly the unselfish devotion that he had for those who needed his wisdom, his gentleness, and his constructive help.

His work with the United States Public Health Service, and its importance in introducing a psychiatric viewpoint into that great service, is clearly brought out, as are his achievements in the early days of his leadership of The National Committee for Mental Hygiene. The part that he played in the psychiatry of the A. E. F. was perhaps his most outstanding accomplishment. The discouragements that he met from many "brass hats" who had no use for psychiatry and from army red tape, and his success in dealing with them, are

well presented and fully reveal what a great leader and integrator he was.

His greatness as a leader was matched only by his extreme modesty, as many of us can testify who knew him when he was serving as president of the American Psychiatric Association.

I have often speculated as to how much further advanced psychiatry might be to-day if Dr. Salmon and Dr. Elmer Southard had been spared for even a few more years. I suspect that we would not have lost many of the lessons we learned in World War I and that under their leadership we might have been even more fully accepted in the household of medicine than we are to-day. Even I, who knew him well, was astonished by the extent of his bibliography, for he led an extraordinarily busy life from the earliest years of practice, and he was not very robust. He surmounted many difficulties of early poor health and constant lack of financial remuneration to attain the pinnacle of leadership in psychiatry.

Thomas W. Salmon, Psychiatrist should be read by every physician or nurse who is concerned with the behavior of human beings and wants to understand how to help them.

ARTHUR H. RUGGLES.

Butler Hospital, Providence, Rhode Island.

PUBLIC HEALTH IS PEOPLE. AN INSTITUTE ON MENTAL HEALTH IN PUBLIC HEALTH. By Ethel L. Ginsburg. New York: The Commonwealth Fund, 1950. 241 p.

"There is to-day general agreement that a working knowledge of the motivations of human behavior, of the principles of emotional growth and development, of the ways in which people commonly deal with other people and life situations—that this working knowledge is essential for truly effective performance in all the service professions, certainly in those concerned with the health and welfare of people."

This quotation summarizes the underlying purposes of the Berkeley institute, and of the book that records it. As a member of the faculty of the institute, the reviewer is in a particularly advantageous position to testify to Mrs. Ginsburg's impressive achievement in distilling out the essence of an exciting and memorable experience. Here is not only a vivid and highly readable account of what went on, of the interaction of two different disciplines, meeting together for the first time to discover and explore their common concerns and problems; it is also a convincing record of what was discovered and agreed upon—in a sense an introductory course in community psychiatry.

The book is a report of an institute on mental health in public

health, held in Berkeley, California, in July, 1948, under the joint sponsorship of the California State Department of Public Health and the Commonwealth Fund. It was the first institute of its kind, a pioneering venture which started a chain of similar institutes all over the country—in Mississippi, Washington, Maryland, Utah, Kansas, and so on. This type of institute represents one of the most important measures that have been taken to implement the goals of the National Mental Health Act, to awaken psychiatry to an awareness of its opportunities to contribute to the health and well-being of people with emotional problems who will never be psychiatric patients.

A careful reading of the book reveals the wide range of opportunity, hitherto unrealized, for a very fruitful participation by psychiatry in the activities of public-health units. It also points to the following general principles:

1. The mental-health implications of social institutions, and the emotional welfare of the individuals served by these institutions, are primarily the concern of the professional staff members of these institutions.

2. The mental-health benefits of the activities of service agencies are emergent—*i.e.*, they grow out of the excellence of practice of the particular discipline.

3. In order that people in other disciplines may make good use of psychiatric concepts, they need to clarify their own concepts as to the kind of help they want from psychiatry, the specific problems in relation to which they want that help, and the administrative modes by which psychiatric service can be incorporated into their own activities.

The book discusses the dynamic psychiatric principles upon which an understanding of people is based, and then describes their application to the problems with which public health is concerned—for example, child rearing, the handicapped child, and the patient with tuberculosis or venereal disease; public relations of the health department; the rôle of the health department as a community agency; problems of authority and administration; and the responsibilities of public health in relation to the establishment of community psychiatric clinics.

Public Health Is People should be of great interest and value not only to public-health personnel, but to all community workers in hospitals, social agencies, psychiatric clinics, schools, and so on, who share responsibility in one way or another for the physical and mental health of the population.

JULES V. COLEMAN.

University of Colorado School of Medicine, Denver.

THERAPY THROUGH INTERVIEW. By Stanley G. Law, M.D. New York: McGraw-Hill Book Company, 1948. 313 p.

The author of this book, a man who was in general practice for twelve years before becoming a psychiatrist, wrote it with the intention of demonstrating a method of psychotherapy that could be understood and practiced by the internist and the general practitioner. The style is simple and clear. The author gives verbatim samples of interviews that show the steps taken in obtaining from the patient the essential information about his emotional maladjustment. He then directs the questions to the crucial points in the patient's life experiences that led him to face his problems and to take active steps toward their solution.

The first patient, Joe, has an ulcer. The doctor works out his problems with him in a series of very simple interviews. These arise largely from the patient's inability to speak up for himself at work or at home. The patient makes extraordinary progress, works out his difficulties with his mother-in-law, with his boss (he asks for a raise and gets it), with his wife, and with himself. Result—Joe and his family live happily ever after.

In the same simple, yet dramatically effective manner, we are shown the treatment of Bill Jones, the veteran; of Sally, who has heart trouble; of Donald Hughes, who has a fracture; and of Harvey Wilcox, who is a nasty boy.

The only patient who did not respond to Dr. Law's psychotherapy was Gloria Blake, a beautiful and unprincipled woman. The doctor's good reputation was seriously impaired by stories this woman told, and it was only with the greatest ingenuity and the aid of the telephone operator and the doctor's wife that his reputation as a moral and upright physician in the community was preserved.

Dr. Law undoubtedly has succeeded in demonstrating exactly how to begin an interview and to proceed with psychotherapy. He has also dramatized the feelings and attitudes of the psychotherapist and the rôle they play either in obstructing or in aiding therapy. He brings out nicely the way in which the therapist can unwittingly make mistakes in leading the patient to become aware of basic emotional conflicts too soon.

It is the most lucid book on how to begin psychotherapy of which the reviewer is aware. Its chief weaknesses may be found in the oversimplification of the psychotherapeutic processes and the impression given that psychotherapy is easy. However, its merits outweigh these criticisms and the book can be recommended as an aid in introducing psychotherapy to medical students and to physicians who have had no training in this field.

EDWIN F. GILDEA.

Washington University School of Medicine,
St. Louis, Missouri.

WHAT IS PSYCHOANALYSIS? By Ernest Jones, M.D. Revised and enlarged edition. New York: International Universities Press, 1948. 126 p.

TAKE OFF YOUR MASK. By Ludwig Eidelberg, M.D. New York: International Universities Press, 1948. 230 p.

The intelligent layman who has read most of the existing popularizations of psychoanalysis and by now has found most of them repetitious, yet who is not inclined to delve into the more technical material on the subject, will find a most excellent refresher in Ernest Jones's book, *What Is Psychoanalysis?* It is not the usual type of popularization, but to any one who has previously acquainted himself with the general aspects of psychoanalysis, it can serve as a review and a non-technical advance. It is not written in popular jargon, but employs language that loses none of its scientific temper while at the same time presenting the essence of the subject in relatively simple terms.

The book is divided into two sections, one dealing with the content of psychoanalysis, the other with its application. The author emphasizes quite properly the principle of determinism implicit in psychoanalysis. Here, as in any other science, the inexorable demand is that no event be regarded as isolated, but only as a link in the chain of inevitable sequences; though psychoanalysis may, nevertheless, regard the personal sense of free will and free choice as a very real thing, and show—paradoxical as it may seem—that some persons are actually freer than others. Psychoanalysis attempts to apprehend order in apparent chaos, showing that the wildest flights of fancy and the deepest yearnings of the soul are all a part of the harmony of the universe.

Jones takes issue with those who claim that Freud began his work with a preconceived theory which he forced to fit the observations he made, and maintains that the development of the theory of psychoanalysis has always consisted of direct inferences from verifiable observations. No one was more surprised than Freud himself at many of his findings, which were quite unexpected. He finally came to the conclusion that mental phenomena, even the most trivial and fugitive, must have as precise antecedents as physical phenomena.

One of the most satisfying findings was that neurotics are not a distinct class comparable with the lowest of humanity, as was previously supposed; and, further, that neurosis is not a disease in the accepted sense. In other words, neurosis was seen to be merely one of the many different ways in which people react to the psychological and social difficulties that every one has to meet.

That among the repressed impulses which constitute a large part of the unconscious conflicts the sexual ones are predominant, was not surprising, for these were perceived to be by far the commonest and

the most important. A larger proportion of the sexual impulses lead an underground existence than has been generally imagined. The energies derived from them have a peculiar capacity for being transferred to other interests, the result being that an accepted amount of our conscious activities, seemingly non-sexual in character, are in part dependent on repressed sexual impulses for transformation of energy. Naturally these conclusions met with the greatest resistance.

The unconscious comprises a number of primordial impulses and instinctive urges that are constantly welling up, as it were, and pressing forward to find some relief or satisfaction.

The reviewer was pleased to find that even in this small book a good deal is said about symbolism, a subject most important to psychoanalysis, yet rather neglected in most of the books about it. The author points out the difference between the commonly used meaning of symbolism and its scientific meaning in psychoanalysis—namely, that by a symbol is meant an idea in consciousness which represents and carries the significance of another, unconscious idea. This differs altogether from the processes involved in simile and metaphor, with which we are ordinarily familiar.

In the second section, Jones discusses the relationship of psychoanalysis to medicine and points out that while it is true that certain forms of insanity are undoubtedly caused by bodily infection, for the most part we are dealing merely with disturbances in mental functions, and that even the mental effects of bodily infection cannot be properly understood except through psychological study. In the chapter on education, Jones states that all children appear to pass through a stage of neurosis, and raises the question whether this is not inevitable, even with wiser upbringing. He frankly admits that psychoanalysis has had as yet but a few years of experience in educational work. At the same time, he expresses the belief that in the future psychoanalysis will play an important part in education.

In the chapter on sociology he points out that a king is one of the most common unconscious symbols for the father, the queen for the mother, and so on. In Great Britain he says that there is a rather happy arrangement whereby the ambivalent attitude toward the father is dealt with by dividing his public representative into two persons. The head or the executive, the prime minister, is periodically cast from power and politically annihilated, while the respect due to the father is reserved for another person, the king. In the chapter dealing with criminology and law, Jones points out the contribution made by psychoanalysis to such important special problems as predatory assaults. That kleptomania is irrational in its motivation is seen clearly in the case of a wealthy person who throws away the stolen goods. Above all, he points out—and this is important—that social

criminological problems should be viewed not as moral, but as psychological problems which carry with them the corollary that so long as the moral attitude of the lawmaker and administrator masks the full psychological motives, no advance can be made.

For the purpose intended, this little book is most satisfying. It is superior to the usual run of popular books in that it avoids the pitfalls and mistakes of other popularizations. At the same time, it is not too technical. It is written in a concise, brief manner with no ambiguity and no excess. A series of references is given at the end of the book, but unfortunately there is no index.

Would that the reviewer could feel equally pleased with Dr. Eidelberg's book. It is not that Dr. Eidelberg is not competent. On the contrary, he is a very competent psychoanalyst who has done very good work on paranoia, libido defenses, agoraphobia, and so on. Had he been satisfied to take the material from his office files and present it in a readable rather than technical fashion, there could be little objection, for certainly the intelligent public is eager for such material. Unfortunately he evidently did not think himself competent to present scientific material in readable language, and accordingly invited a newspaper man to help him out. One imagines that what Dr. Eidelberg did was to turn over the files of his office to this collaborator and tell him to help himself, pick out the material he wanted, and present it in readable fashion.

It is exceedingly difficult to figure out what Dr. Eidelberg's original material was like. What he got, however, was a series of chapters, each given to a particular case, each representing a hypothetical hour in a hypothetical day in the office of a psychoanalyst. The reviewer feels, however, that most of the incidents are wholly unlike anything that ever took place in such an office during an analytic hour. Some of the chapters are supposed to represent initial interviews; others, interviews after the analysis has progressed for a certain period of time; while one is devoted to a letter from a patient who failed to appear because she had in the meantime committed suicide. Thus, Chapter III cites the interview of a prospective patient and the analyst. It reminds one more of a bit of verbal fencing than of an interview, with the analyst not always getting the best of the prospective patient.

Perhaps the most objectionable, from a realistic standpoint, is the chapter entitled *Her Master's Voice*. Here the supposed patient lies on the analytical couch and talks continuously for 21 pages. Obviously no such analytical hour ever took place. It is a fictionized device whereby the ups and downs and ins and out of the preceding analysis are reviewed. What the analyst might have written about the case, as it approached its end, is put into the mouth of the patient, who tells him about it. It is a most unconvincing and artificial arrangement.

Contrasted with this, the first chapter, entitled *A Bottle Broke*, and the last chapter, *S. O. S.*, employ a method of presentation that is relatively convincing.

There is no disposition to quarrel with the scientific material, which of course came from Dr. Eidelberg, but one feels that it loses much of its force and effect by its fictionized dressing. The main trouble with the book is that it is neither fish, flesh, nor fowl; it is not a successful scientific treatise on the problems encountered in psychoanalysis; it is not a concise digest of a series of psychoanalytic cases; and it is not a good series of short stories about patients who are being or who have been psychoanalyzed. By trying to be something of all three, it becomes hash. The scientific reader will be utterly impatient with the fiction; and the lay reader will lose the value of the scientific matter in his pursuit of the fiction. It defeats its own purpose by employing a method of presentation that is incompatible with the subject matter.

Perhaps a certain amount of popularization is necessary, but one must always keep in mind the subject, the public, and the goal. In a large sense, popularization tends to degrade the subject matter. One can satisfy the need—as Freud did so admirably in his *Introductory Lectures to Psychoanalysis*—by taking the reader with one to the level of the author. In such case, the subject remains under the control of the writer and loses nothing of its validity and dignity. But beware of the scientist who comes down to the level of the reader. The result can be nothing less than caricature and a degradation of the subject. Dr. Jones has succeeded in the first type of presentation; Dr. Eidelberg has achieved only the second.

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METHODS OF PSYCHOLOGY. Edited by T. G. Andrews. New York: John Wiley and Sons, 1948. 716 p.

Introductory courses in psychology, as given in colleges and universities to-day, are putting more and more emphasis on the methods used by experimenters to obtain the findings reported in textbooks or in classroom lectures and discussions. To impress upon the student the fact that psychology is a science, the lecturer relates in more or less detail the methodology used by the experimenter in solving various types of problem.

A survey of the many textbooks designed for beginners in the study of psychology will reveal relatively little emphasis on methodology in these texts. The student is given mainly a summary of the experimental findings, with an occasional explanation of the outstanding experiments relating to a particular topic.

There are, of course, many textbooks in the field of experimental psychology. But these are planned for students who have already had one or two introductory courses in psychology. Furthermore, their aim is primarily to outline the steps the student himself will follow in working out an experiment in the laboratory rather than to give him information about well-known experiments that have been conducted by experienced workers.

Methods of Psychology, planned and edited by T. G. Andrews, of the University of Chicago, has been written "in recognition of the need for greater emphasis on methodology in the training of students in psychology." It is designed as supplementary reading for introductory textbooks, most of which are devoted to discussions of the results of experiments. It may also, Andrews explains, serve to introduce a new undergraduate course on methodology into our curricula.

The twenty-two chapters in the book have been written by twenty-one specialists in the various fields of research described in the chapters. The introductory chapter, *An Introduction to Psychological Methodology*, was contributed by T. G. Andrews, the editor of the book. Among the contributors are such well-known psychologists as W. N. Kellogg, E. Heidbreder, L. L. Thurstone, W. L. Jenkins, P. T. Young, A. G. Bills, H. S. Conrad, H. L. Koch, and T. M. Newcomb.

Practically every subject included in a course in introductory psychology is covered by a special chapter in this book. There are chapters dealing with such topics as conditioning and motor learning, memory and transfer, human thinking, vision, hearing, skin, taste, and smell senses, motivation, feeling, and emotion.

Unlike most books written by a number of authors, in which the style differs so markedly from one chapter to another that it is somewhat difficult for the reader to make the necessary mental shift as he goes along, the style throughout this book is remarkably uniform. This certainly is a commendable feature.

The summaries given at the ends of the chapters are brief and to the point. In material taken from the researches of different psychologists, it is most helpful to the reader to have that material synthesized and the important points brought into sharp focus.

In addition to the references used by the writers, each chapter has a shorter list of suggested readings. This, likewise, is a valuable student aid. For the benefit of students who are interested in writing a report or term paper on some special field of psychological research, the carefully selected list of suggested readings should prove to be most helpful.

In spite of the detailed lists of references given at the end of each chapter, there are relatively few direct references to the results of

specific experiments carried out by different experimenters. In a book meant primarily for beginners, this is all to the good. It keeps the reader's interest from lagging, as it is likely to do when the subject matter becomes too heavily weighted with reports of different studies.

The entire book is well illustrated with photographs, diagrams, and pen-and-ink drawings. These add greatly to the understanding of the subject matter while, at the same time, helping to create the illusion that the book is not "heavy as lead," as its mere size might readily suggest. The illustrations are, for the most part, far better than one generally finds in psychological textbooks.

One minor point bothered me as I read the book. There are no page titles indicating what the subject matter of that particular chapter is. For a reader who is merely leafing through the book in the hope of discovering material relating to some particular interest, it is irritating to have to turn to the table of contents before discovering which field of research is being discussed in that particular chapter.

On the whole, the book is well planned, well organized, carefully written, and copiously illustrated. It should meet a real need to-day on the part of teachers of elementary psychology in supplying their classes with material for supplementary reading that will combine successfully with material presented in standard textbooks of general psychology.

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PROJECTIVE METHODS. By Lawrence K. Frank. Springfield, Illinois: Charles C Thomas, 1948. 86 p.

This book, which is described by its author as an effort to stimulate further explorations in personality, may be characterized as a manifesto of creative thought in the life sciences. Lawrence K. Frank carefully examines the premises underlying personality as a process, and shows their close parallel to newer developments in the physical sciences. Differences in concept between statistical methods and projective methods are described in this short monograph, and a basis for reconciliation flows logically from these differences in terms of the experiences encountered in the transition from classical physical sciences to the quantum approach.

A summary of some recent developments in the physical sciences illustrates and strengthens this theme. As an incentive toward the new atmosphere of scientific thinking, the author shows that the physical sciences have moved rapidly forward in proportion to the

increased emphasis on the study of identified units and the processes that underlie their apparent uniformities. Traditionally, science concentrated on the process of formulating laws and rules through the investigation of regularities, and only recently has it been possible to augment this procedure by the newer scientific techniques. Before this transition was possible, it was necessary to overcome inertia in the professional world. Recognition of the duality of the problem has inspired research in two directions, described here as the search for regularities in large aggregates and the study of process. The latter, it appears, is the touchstone of the newer techniques.

This monograph reveals a similar development in the investigation of personality. Earlier studies that emphasized broad regularities, such as group standards and statistical scorings, were validated on the basis of the group rather than the unique functioning of any of its components. Where classical physics, for example, concentrated on the gathering and organizing of information regarding the nature and order of class events, traditional personality studies were confined to the accumulation of findings regarding entire groups. Valuable as these findings have been in determining the standing of the individual in his group, they have had a limited value in assessing personality as a process.

From this standpoint, there is no suggestion that current methodology may supplant or replace the statistical or quantitative approach. Mr. Frank believes that each has its sphere of effectiveness. However, just as critics of the quantum methods in the physical sciences resisted the development of these methods on the ground of lack of validation, so the classical psychologists have argued that the absence of simple statistical formulæ is a shortcoming in the newer projective techniques. This argument has been sometimes linked with the view that the clinical methods embodied in the projective techniques have been largely subjective. In answer, Mr. Frank shows that objectivity has been amply proven in numerous instances, such as the success of blind interpretation in the Rorschach test. As further answer to the claim of failure of validation, the author shows that Rorschach findings have been frequently corroborated in the clinic, the laboratory, and, in the case of brain tumors, even in the operating room.

The clinician will find *Projective Methods* extremely valuable in crystallizing the concepts that underlie his work. It provides a good working analysis of various techniques such as the Rorschach tests, Stern's cloud pictures, and various constructive and cathartic methods as exemplified in Levy's therapeutic dolls. Specific directions for the administration of individual tests are deliberately omitted, and

nowhere does Mr. Frank present a brief for any selected methodology. He believes that some of these techniques, or all of them, may be the apparatus for launching new machinery for handling personality as a process.

It would seem that the full growth of the study of personality as a process will bring with it a newer and more advanced conception of validation in the modern world. The author suggests that projective methods, as a technique, will be validated by the emerging new criteria of credibility, which will enhance rather than supersede present psychometric techniques. Fruition of the views suggested here may lead to the amendment of many of the older conceptions of personality that have been helpful in the formulation of magnificent statistical curves and charts, but that have been of limited use in the clinician's proving ground—human personalities as living things.

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MODERN PATTERN FOR MARRIAGE—THE NEWER UNDERSTANDING OF MARRIED LOVE. By Walter R. Stokes, M.D. New York: Rinehart and Company, 1948. 143 p.

A small, compact volume easily handled, printed in clear, simple type that requires a minimum of visual effort, provides a worthy format for this unusually stimulating and helpful exposition. Diagrams and terminology contribute effectively to the understanding of the anatomical and physiological facts.

Primarily intended for young people who are preparing to marry, the book at the same time will be of interest to those who are already married. It is a valuable contribution to its field, written with forthrightness and yet with understanding of the subtleties and nuances of attitude and behavior in this most intimate and enriching of human relationships. This reviewer can agree with the publishers in considering it "the most important book in its field" to appear in recent months, especially for any one who is attempting counseling in this field. It demonstrates the value of scientific material presented in artful writing, the result of infinite care to express each thought in the most effective setting.

Counselors, especially those with a general-medical background, will welcome with gratitude the opportunity to recommend this book (as well as to benefit personally by the approach to, and the handling of, the material). The subject matter can of course be elaborated by the counselor as required by the particular situation under consideration.

The book embodies many qualities that one would like to find in a text for use on the college level. It presents an over-all picture, including enough detail to supply the necessary information, with invitations on almost every page to explore further into the already existing literature as well as to watch for future developments. A useful glossary, a comprehensive index, and a bibliography complete the requirements for a scientific reference book.

The author courageously states his attitudes toward certain social patterns to which some will take exception. He states them with such a sincere regard for his own clinical experience, and for the spiritual as well as the physiological aspects of his patients' welfare, that it is difficult to see how his point of view can fail of ultimate acceptance by even the most devout adherents of opposing views.

In a work of such general excellence and particular superiority, it is perhaps trivial to comment on the typographical error on page 102, third line from the bottom of the page, where "be" fits the context better than "he." On page 28, in the definition of Cowper's glands, one wonders if they are considered "unimportant" or perhaps insignificant or obscure.

Some qualifications of rather broad generalizations come to mind. Those of us who are concerned with the efforts of the American Social Hygiene Association toward the support and strengthening of the forces directed toward enriching and strengthening family life and living, regret to see it characterized as "concerned chiefly with the control of venereal disease." To quote from the inside cover of the *Journal of Social Hygiene,* May, 1948, issue, the purposes of the association are: "To protect and improve family, community, and national health and welfare . . . . by promoting sex education, including all education in health and human relations which concerns personal and family life . . . . by fighting prostitution and sex delinquency in all its forms . . . . by combating the venereal diseases and the conditions which favor their spread."

Again, mental hygienists whose experience takes them into the realm of neglected children would hardly attribute "the worst defects in childhood personality formation" to parental overprotection, although it may well be that neglected children do not present marriage problems, because, having such a poor concept of family life, they do not marry.

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HELPING BOYS IN TROUBLE. By Melbourne S. Applegate. New York: Association Press, 1950. 124 p.

This volume is the outgrowth of twenty-four years of Melbourne S. Applegate's work in befriending "individual boys in trouble." Not only has Applegate worked with adolescent boys, but he has introduced other men into similar work, and has written a manual and a guidebook for the Big Brother Movement. In this book he has written down what he knows and feels about the principles and especially the techniques of assisting adolescent boys of average and above-average intelligence to find their stable place in this world.

The book is lucidly written and covers a wide, but carefully focused field. The author discusses the technique of becoming acquainted with the boy in need of guidance and suggests a certain formality to safeguard the first meeting. He then describes the variety of recreational activities that a boy is likely to enjoy and that are likely to foster the development of a constructive relationship between Big Brother and Little Brother if engaged in together. Other chapters discuss techniques for understanding the boy as an individual, so that the boy will develop increased faith in himself; the art of making suggestions to and encouraging the boy; the fostering of mutual respect and the enjoyment of companionship; the rôle of school and employment in the guidance process; and the value of becoming acquainted with each member of the boy's family.

One fault of the presentation for this reviewer lay in the several apologies Applegate makes to the "specialist." These seem unnecessary. Applegate is a specialist in the subject he writes about. He has worked in the field for many years; he has read far and wide, as is apparent from his text; and he has taught others what he knows. Moreover, he knows what he is doing, which is by way of being an important goal of the professional in any kind of inter-personal work. He warns that while the techniques he presents have been successful in his application, they may not necessarily be so for others.

Despite the urging that the individual worker develop his own techniques, the story of one man's success inevitably has the effect of influencing newcomers to adopt the methods used by the writer. One cannot help wondering what Applegate has to say about the failures he experienced or the recurring obstacles he encountered. The book might have increased twofold in length had he included a discussion of obstacles encountered and the manner in which they were surmounted. It might have increased threefold had he described and analyzed his failures. Yet these inclusions would have increased many times the value of the book for the novice in the work.

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PSYCHOLOGY FOR LIVING. By Herbert Sorenson and Marguerite Malm. New York: McGraw-Hill Book Company, 1948. 598 p.

The format and organization of the subject matter in this book indicate its intended use as a text for teen-agers. Each chapter has a foreword, followed by a list of questions designed to arouse interest in the succeeding chapter. Each chapter concludes with a summary and a request to the student to review his answers to the questions proposed at the beginning; also, there is a list of related problems for him to test his ideas upon in the light of the discussion. Pictures from photographs are used generously to illustrate points the authors wish to make.

With all this carefully arranged scheme, the book is confused and confusing in its loose organization of content and its shifting point of view. It is a potpourri of biology, abnormal psychology (of no particular school), and advice to the young. Advice is given by directives—"you should" and "you shouldn't"—reminding one of the parental "dos" and "don'ts" that psychologists tried to help parents avoid in the 1920's. Indeed, it is difficult to believe that this book could have been published in 1948. The wording, thought, and the attitudes are pre-1925. A pupil is a good or a poor "scholar" (p. 316); people still are going to the "poorhouse"; a youth may have an "inferiority complex" (p. 257).

Beginning as they do with the biological start of life, one might expect the authors to carry this idea through the growth period, to provide a background of understanding of teen-agers' drives. However, the biological approach is abandoned at the end of the second chapter. Nowhere in the book do the authors imply that the germ plasm inherently has an energy for, and the possibility of, continuing life after birth in an orderly, self-endowed progression toward a purposeful goal. Life is mechanistic. Progress is a matter of training, conditioning, being molded. "Through his magnificent nervous system, man can promote his own betterment. . . . He can arrange his behavior so that he will be liked by his friends. He can keep himself clean and well groomed so that he will be attractive to have around" (p. 76). "A person can be molded by training and experience or by the developing of good habits and the elimination of bad ones" (p. 135). The authors suggest that if others fail the student, he must take himself in hand: "It will be revealing to keep a record of the number of times during each day that a strong desire for the old habits comes upon you" (p. 137). Repeatedly, students are urged to observe themselves and their own reactions. "Watch the way you use your voice. And behind your speech, to a large extent, are your feelings and emotions; so they, too, must be under control if you are to speak so that others are pleased with your manner of speaking" (p. 132).

There are warnings against waste of time, failure to organize work, selection of poor companions. One works for the sake of accomplishment. There appears no comment about joy in doing, which is significant to teen-agers.

The discussions of emotions, mental health, intelligence, and thinking, are especially blurred. The authors use terminology with uncertainty. Emotion is like a cloak to be put on or off. Technical terms, italicized to attract attention, are misused. Misleading and meaningless statements are made: "These [fear of water, high places, and so on] are abnormal fears, and they *cause* [italics mine] nervousness and instability" (p. 243). "The real cause of a nervous breakdown is usually maladjustment or being in a situation that develops unpleasant emotions" (p. 270).

"It should be remembered that neuroses are the in-between maladjustments, not found in the wholesomely happy person, and by no means as severe as insanity. . . . People with neuroses seldom grow worse, so to speak, and become insane" (p. 270). "Nervousness may be caused in part by a physical constitution that is not overly strong, or it may be caused by faulty habits and training" (p. 250). "Repression" is explained as a conscious desire not to reveal a thought. It is used also in its technical sense without explanation. "Conflict" is simple indecision. "A student may have a conflict about which college to attend" (p. 218). "Insanity" is confused with psychosis, as above.

Redundant statements that fail to explain are made about cause-and-effect relationships in behavior; for example: "Why do people have conflicts? (1) Because of uncertainty. Probably one reason for conflicts is a feeling of insecurity. Associated with this may be a feeling of inferiority. (2) Because of internal dissension. Persons who have not organized their lives effectively or achieved well-ordered life are often torn by internal dissension" (p. 225).

Eight pages are devoted to the "inferiority complex," a term long since discarded by medical psychologists. The eight pages are sprinkled with weak statements, such as ". . . a feeling of inadequacy characterizes the person with an inferiority complex, and he may be uncertain and insecure" (p. 257). "When in a group, a person with an inferiority complex is reluctant to leave because he may feel that the group will discuss him after he has left." The authors' failure to recognize the real significance of underlying causes is revealed in their discussion of phobias. "The treatment for baseless fears is much the same as the treatment for worries—forget them" (p. 264).

Outside the field of emotions, in which the authors are obviously not at home, there is such advice as: "Keep out of the clutches of the loan sharks" (p. 474); "Look happy and friendly. If you're

depressed, if you're sad, if you're irritable, appear happy and fool people'' (p. 499).

One could pick out sentences that are sound, but scarcely a page in the book is free from misleading statements or advice on a most superficial level. An hour with a psychiatric dictionary could correct many of the confusing and misleading statements. There is a question about what could help the style. It seems like a futile book to give to teen-agers to help them learn a consistent psychology for living.

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NOTES AND COMMENTS

Mental-Health Program of the World Health Organization

The material that follows is reprinted from the *Chronicle of the World Health Organization* (vol. 4, pp. 3–7, January, 1950). It presents the principles and recommendations formulated by the Expert Committee on Mental Health of the World Health Organization to serve as the basis for a world mental-health program.

"One of WHO's most difficult tasks is attempting to win acceptance of mental health as an integral part of the economic and social welfare of the world's peoples and as a sphere for international activity and coöperation. Psychology and psychiatry are comparatively new sciences; full recognition has not yet been accorded to the concept of the human mind as the principal 'unexplored territory' of the present age or to the physiological, social, and economic ramifications of mental health. It can therefore be readily understood why this part of the WHO programme has been the subject of some controversy, specifically in the case of the Economic and Social Council (Economic Committee: Ninth Session) discussions of WHO's proposed contribution to the Expanded Programme of Technical Assistance, proposals for which were accepted by a large majority at the Second World Health Assembly.

"It is perhaps natural that medical and economic interests should place emphasis primarily on keeping man alive and productive. Those who believe that this is not enough, that a broader outlook is necessary, are consequently faced with the problem of proving that mental health is a 'paying proposition.' Unfortunately, this is somewhat difficult, not only because of the dearth of statistical investigations, but also because the effects of mental ill-health are often not recognized as such or are concealed because of the social stigmata associated with mental disorders.

"In well-developed countries, the economic implications of mental ill-health are expressed in terms of man-hours lost in industrial productivity and in the cost of treatment and other social services. The former is illustrated by an investigation conducted by the Medical Research Council of Great Britain which demonstrated that, in the factories surveyed, psychoneurotic disorders caused a loss of productive time slightly greater than that due to the common cold. An example of the latter may be found in the U. S. Veterans Administration mental hygiene clinics, at which 14,500 veterans are seen 5 or more times each at a cost of about $5.75 per patient-visit. More important in this instance, however, is the estimation that, without this outpatient treatment, between 4,000 and 6,000 of these veterans would have to be confined to mental hospitals where, under older methods of treatment, they might have remained for from 3 months to 30 years at a cost of $5.00 to $10.00 per day.

"In underdeveloped territories, economic development is often jeopardized by psychological resistance to measures intended to promote physical health and socio-economic progress. It is necessary to break

down this resistance, through education, and to apply present-day knowledge of social psychology in an effort to avoid the maladjustments which may accompany industrialization of these territories.

"The rôle of mental health in physical well-being is gaining increasing recognition. Studies in psychosomatic medicine are revealing the psychological factors in many types of ill health, including, in addition to certain organic disorders, proclivity to accidents, and the 'epidemiology' of habitual sexual promiscuity, which is important in the prevention of venereal disease.

"The social significance of mental health is evident in all aspects of human existence. The success of human relationships of every type is dependent upon the mental health of the individuals involved; and the effects of unsuccessful relationships are costly, from the standpoint of economic losses as well as of human misery.

"WHO has attempted to outline a programme in mental health which would include as many of these problems as possible and lay a foundation for future action. The Expert Committee on Mental Health has been given the responsibility of advising the Organization on ways and means of implementing this programme.

"At its first session, held in Geneva from August 29 to September 2, 1949, this committee sought to formulate principles and recommendations based on mental health problems as they actually exist throughout the world—a practical approach which should lead to practical solutions. Its first consideration was the extreme differences among various countries in the level and scope of development of treatment facilities for all types of psychological disorder. Faced with disparities such as 5,000 psychiatrists and 700,000 psychiatric beds for a population of 160,000,000 in the United States as compared with not more than 10 psychiatrists and less than 2,000 psychiatric beds for a population of 450,000,000 in China, the committee was forced to conclude that it will not be possible within the foreseeable future to provide throughout the world therapeutic psychiatric facilities at the level already provided in the more developed countries, let alone the level at which the well-developed countries are aiming (1 psychiatrist per 20,000 of the population). The ultimate solution of mental health problems therefore lies in the *preventive* application of psychiatric knowledge, a field relatively untouched even in well-developed countries.

"With this idea of prevention as a keynote, the Expert Committee on Mental Health formulated certain principles upon which the future WHO mental health programme should be based:

"1. Encouragement of incorporation into public health services of the responsibility for promoting the mental as well as the physical health of the community. This entails comprehensive training of public health officers in mental as well as physical hygiene and might lead to the development of a specialty of mental hygiene and a profession of public mental hygiene officer. Changes in the education of nurses and other public health workers would also be necessary. The committee recommends that each ministry of health should include a section devoted to mental health. It is not intended, however, that an attempt be made to turn public-health officers into psychiatrists; their task in mental health work will be more concerned with the recognition and eradication of factors in the community which are harmful to the healthy

psychological development of individuals, rather than to the treatment of the results of those factors.

"2. Emphasis upon the therapeutic and preventive psychiatry of childhood. The skillful treatment of minor psychological disorders in childhood has a positive preventive effect so far as adult psychiatry is concerned, and the application of preventive mental hygiene measures makes its greatest impact during infancy and childhood.

"3. Application to local problems of the best scientific knowledge available and of the most appropriate methods, rather than reproduction of techniques employed in other countries.

"4. Development of clinical psychiatry in all countries. This is important not only because of its therapeutic value, but also because clinical psychiatry provides opportunities for teaching and research which, in turn, may point the way to further applications of a preventive nature.

"5. Integration of mental health activities wherever possible with other WHO programmes, and coöperation with the UN and its specialized agencies (particularly UNESCO and ILO), and with non-governmental agencies such as the World Federation for Mental Health. The committee noted and made recommendations concerning WHO activities regarding alcoholism and drug addiction; maternal and child health; international statistical classification of diseases, injuries, and causes of death; morbidity statistics; venereal diseases; and unification of pharmacopœias. It discussed in considerable detail the UN study on the prevention of crime and treatment of offenders.

"Among other matters concerning which the committee made recommendations are the following:

"1. *Education.* Priority should be given to:

"*(a)* Recasting undergraduate medical education to ensure understanding of normal psychological development and of the origin and nature of common psychological disorders.

"*(b)* Education of public health workers. The committee recommended that WHO sponsor, in collaboration with an internationally known institute of public health, experimental postgraduate courses in preventive mental health work for public health officers already in the field.

"*(c)* Special training for public health nurses.

"*(d)* The possibility of training facilities for specialist public mental health officers.

"In postgraduate psychiatric education, a dynamic conception which would integrate biological, psychological, social, and anthropological sciences should be stressed. The committee specifically recommended that WHO assist in developing in each region a center for postgraduate teaching of all members of the psychiatric team, including psychiatrists, clinical psychologists, psychiatric social workers, psychiatric nurses, and other psychiatric auxiliaries.

"2. *Collection of information.* The committee recommended that WHO serve as a collection center and clearing-house for information regarding treatment facilities, relevant statistics, education, legislation, crime, alcoholism and drug addiction, and public attitudes as these relate to mental health.

"3. *Advisory and demonstration services to governments.* It was

suggested that a consultant be sent to any country requesting these services. The consultant would, wherever possible, collaborate with the local experts in surveying the needs of the country and outlining a plan of action. The Republic of the Philippines is the first country to request WHO aid in mental health.

"4. *Research.* The committee recommended that WHO foster research along the following lines:

"*(a)* Biological, psychological, and cultural determinants of personality.

"*(b)* Relationship between individual personality and patterns of group behavior and relationships.

"*(c)* Effects of rapid changes of culture pattern on mental health and the means of preventing and mitigating any ill effects of such changes.

"*(d)* The extent to which the incidence of psychosomatic affections is influenced by social, economic, and cultural factors and by individual characteristics and personality structure.

"*(e)* Relationship between psychological disorders or states on the one hand and infective processes, nutritional deficiencies, and biochemical disturbances on the other.

"*(f)* Etiology and treatment of psychiatric disorders.

"The report on the first session of the Expert Committee on Mental Health will be published, after approval by the Executive Board, in the *World Health Organization: Technical Report Series.*"

Annual Meeting of the American Psychiatric Association

The American Psychiatric Association held its One Hundred and Sixth Annual Meeting in Detroit, Michigan, May 1–5. The total attendance was over 3,000, including 1,382 members and 1,826 non-members.

The keynote of the meeting was struck at the opening session, in the Presidential Address delivered by Dr. George S. Stevenson, president of the association for the year 1949–1950. Entitled *Beyond the Patient*, the address was a plea for the extension of the psychiatric knowledge and understanding gained from study of the patient in clinic and hospital to the personality problems that arise in every field of human affairs. And the sessions that followed showed how far this reaching out of psychiatric interest has already gone. Problems of the home, the school, of industry, of law, even of international relationships received almost as much consideration as the more clinical and technical aspects of psychiatric practice.

A feature of special interest was the series of twenty-two round-table dinner meetings, ten of them held on the first day of the meeting, twelve on the second. Dr. George Stevenson presided at the annual dinner, which took place on May 3 at the Book-Cadillac Hotel. The Lester N. Hofheimer Research Award, offered for an out-

standing research accomplishment in the field of psychiatry and mental hygiene by a psychiatrist under forty years of age, was not presented this year, for lack of a suitable candidate.

Dr. George S. Stevenson is succeeded as president of the association by Dr. John C. Whitehorn, Psychiatrist-in-Chief, Johns Hopkins Hospital, Baltimore. Dr. Leo H. Bartemeier, of Detroit, was chosen as president-elect; Dr. R. Finley Gayle, of Richmond, Virginia, as secretary; and Dr. Howard Potter, of New York City, as treasurer.

The 1951 meeting of the association will be held in Cincinnati, Ohio, May 7–11.

Psychiatric Aide of the Year

The "Psychiatric Aide of the Year Award," established in 1947 by the National Mental Health Foundation, of Philadelphia, as part of its campaign to bring about higher standards of care in mental hospitals, was given this year to Irwin J. Peterson, an attendant at Moose Lake State Hospital, Minnesota. The award, consisting of a special citation and $500 in cash, was made again this year in coöperation with the Catherwood-Kirkbride Fund for Research in Psychiatry, of Philadelphia. It was presented to Mr. Peterson during National Mental Health Week, in recognition of his achievement in demonstrating that apparently hopeless mental patients can be helped toward recovery if treated in a friendly and humane manner.

Selected from more than 20,000 mental-hospital attendants, Mr. Peterson has the additional distinction of having been acclaimed by Governor Luther W. Youngdahl, of Minnesota, as having played a significant part in the adoption of a greatly enlarged mental-health program in his state. "The people of Minnesota owe Irwin Peterson an incalculable debt," said Governor Youngdahl. "He started long ago practices which this administration has to no small extent borrowed from him and is now attempting to introduce on a state-wide basis. He has dignified his patients and his calling. He represents an objective for every type of psychiatric worker."

Five other attendants qualified for an honorable-mention citation and an award of $50 each, for outstanding service in behalf of the mentally ill patients in their care during the year. They are: Henry E. Clark, of Ypsilanti State Hospital, Ypsilanti, Michigan; Mrs. Gertrude Carson, of Napa State Hospital, Imola, California; Coy Hampton Witt, of the Veterans Administration Hospital, Roanoke, Virginia; Mrs. Margaret Schrader, of Peoria State Hospital, Peoria, Illinois; and George Thorne, of Kalamazoo State Hospital, Kalamazoo, Michigan.

Postgraduate Course in Psychiatry and Neurology

The Langley Porter Clinic of San Francisco is offering a postgraduate course in psychiatry and neurology for the twelve weeks from August 28 through November 17, 1950. The course will be given by the Division of Psychiatry, University of California School of Medicine, in coöperation with University Extension (Medical Extension), University of California, and is a repetition of the course given previously. It is open only to qualified physicians. It will be given under the direction of Dr. Karl M. Bowman, Professor of Psychiatry, University of California School of Medicine, with the assistance of staff members from the various divisions of the medical school.

Subjects to be covered will include: general psychiatry, child psychiatry, psychobiology, psychoanalysis, psychology and psychopathology, functional and organic psychoses, psychoneuroses, therapy, psychosomatic problems, neuroanatomy, clinical neurology, neuropathology, neurophysiology, electroencephalography, x-ray diagnosis, cultural anthropology, and other related topics.

The course will be a general review of psychiatry and neurology, with material from related fields in medicine. It is particularly designed to prepare psychiatrists and neurologists for taking the examinations of the American Board of Psychiatry and Neurology. The course is, therefore, designed for the advanced student in psychiatry and neurology, rather than the beginner. A special endeavor is made to present the latest knowledge and advances so as to familiarize the student with the most recent developments in psychiatry and neurology.

The fee for the course is $200.00, payable in advance by check or money order made out to The Regents of the University of California. The fee should be included with application and biographical data as follows: (1) place of legal residence; (2) medical school attended and year of graduation; and (3) training and experience in psychiatry.

Application fee and biographical data should be sent to: Stacy R. Mettier, M.D., Professor of Medicine, Head of Postgraduate Instruction, Medical Extension, University of California Medical Center, San Francisco 22, California.

Further details may be obtained from the office above or from the Langley Porter Clinic, The Medical Center, Parnassus and Third Avenues, San Francisco 22, California.

News of Mental-Hygiene Societies

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and

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Community Education

The Speakers' Bureau of the Massachusetts Society for Mental Hygiene has averaged thirty lectures and educational programs a month. Speakers, films, and plays are sent to groups of parents and teachers, civic organizations, and so forth. The bureau advocates that groups plan for a series of lectures and programs rather than for single talks.

The society's radio program, *The Turning Point,* features interviews with people whose personality problems have led them to ask for help. A recent program featured a young woman who was convinced that no one liked her. Dr. Wilfred Bloomberg, Chief Neuropsychiatrist at Cushing Veterans Administration, a member of the society's board and its medical advisory council, was the consultant. Susan Anthony McAvoy, of the society's staff, formerly a radio commentator on radio stations WMCA and WLIB, New York, is the originator of and the commentator on the series.

An experiment that has received the support of the Massachusetts Society was the subject of a paper presented at the American Psychiatric Association Convention, Detroit, May 1–5, by Dr. Leo Berman. The title of the paper was *Mental Hygiene for Educators: Report on an Experiment Using a Combined Seminar and Group Psychotherapy Approach.* Dr. Berman, as group leader, met with nine educators in two-hour sessions at the society for twelve weeks in 1948–49.

The Michigan Society for Mental Hygiene reports that many interesting educational activities have been undertaken by its various chapters. The Calhoun County Education Division has increased its membership to head up special-interest groups on "Marital Adjustment," "Teen-Agers," and "Problems of Later Years."

The Kalamazoo County Chapter sponsored a talk by Dr. Harrison Sadler, psychiatrist of Detroit, on "Young People and Their Families." This was followed by a panel discussion on local problems and resources for meeting them. Participants were representatives of the Kalamazoo State Hospital's administrative and clinical staffs, the Family Service Center, the Kalamazoo Children's Center, the Gray Ladies, the Red Cross, and the Veterans Facility at Fort Custer.

The Wayne County Chapter reports that four recent meetings arranged for members and for the general public have proved so popular that another series of meetings will be scheduled in the fall. At the meetings for expectant parents, which started on April 4, 70 wives and husbands registered for the sessions. Many were referred by physicians and health departments.

The Saginaw County Chapter is coöperating with Bay, Midland, and Tuscola counties in a series of five open meetings on mental health.

The Oakland County Chapter reports that the attendance at its meetings for members and the general public has averaged close to 300. During March a panel discussion was held on the "Mental Health of the Aging"; in April Dr. Jerome Fink, psychiatrist of Pontiac, spoke on "Alcoholism"; and now plans are under way for the Waterford Township Schools' tenth workshop for teachers. This program will deal with the mental-hygiene approach in parent-teacher relationships.

The Connecticut Society for Mental Hygiene celebrated its 42nd Anniversary with its annual meeting on June 1. Members of the New Britain Society acted as hosts and Dr. Paul V. Lemkau, of Johns Hopkins, spoke on "Mental Hygiene in the Community."

The Waterbury (Connecticut) Society for Mental Hygiene celebrated its 25th Anniversary on May 10, with a civic-theatre-group production of *Scattered Showers* and *High Pressure Area*. Lawrence K. Frank and Dr. Edith Wilson, of New York, were the leaders.

The play, *The Ins and Outs*, has proved very popular in Connecticut. Forty-nine schools have ordered it and the New Britain school group has presented it locally to adult and school audiences and also in nearby towns. The *Hi Neighbor* series is now being given over radio stations in 9 Connecticut cities.

The Bridgeport (Connecticut) Society for Mental Hygiene has been educationally busy since the first of the year. On January 20, Dr. Alan Fromme, clinical psychologist associated with Columbia University, spoke on the first year of life and demonstrated the research films of Dr. Rene Spitz on rejection. Dr. Fromme proved so popular that he returned on March 10 and spoke on the years from two to five. During February Dr. Nathanial Ross spoke on "What Is Psychoanalysis?" and the society also sponsored a conference on "Human Relations in Industry." In March and the early part of April, the society presented *Temperate Zone*, a series of three plays by the American Theatre Wing.

An attractive poster, designed by a local artist, has been a valuable educational aid both to the Bridgeport Society and to the

Connecticut Society. The Bridgeport Society used it to advantage during a membership campaign, and the Connecticut Society distributed it during Mental Health Week.

At the Annual Meeting of the North Carolina Mental Hygiene Society, on April 3, Dr. Frank J. Curran spoke on "Mental Health in Children." Marian McBee, Director, State and Local Organizations, The National Committee for Mental Hygiene, was the guest speaker at a board of directors' meeting. A digest of these talks will be published in the society's newsletter. By directing attention to new publications and current magazine articles on mental health, the society is cultivating mental-hygiene-mindedness in North Carolina. Interesting fact sheets in the newsletter tell how much or how little of mental health there is in the state.

Local societies have been active in North Carolina. Since the first of the year, the Buncombe County Mental Hygiene Society has sponsored a series of meetings which have included talks on the operation of the Charlotte Mental Hygiene Clinic by Dr. Kinross-Wright, its director, and on the mental attitudes of tuberculosis patients by Dr. Ormand, of Hickory, North Carolina. A principal of one of Asheville's schools outlined the need for a special class for children, and two teachers discussed the needs of mentally retarded children and those with defective speech. Mrs. George Peters, speech correctionist and school psychologist for the Negro schools, discussed the development of her work in Asheville. A radio program dealing with the mental attitudes of children was also given.

In the latter part of 1949, the Forsyth County Mental Hygiene Society of North Carolina held an institute in Winston-Salem for persons interested in the personality development of children. Four weekly sessions were conducted on the following topics: (1) "Is Your Family a Team?"; (2) "What To Do About Aggression"; (3) "Painless Discipline"; and (4) "What To Tell Your Child About Sex." Each session was conducted by a professional person, with two parents, a mother and a father, serving as discussants. Another society activity was a general meeting devoted to "The Critical Years of Growing Up." Dr. Sherman Little, Director of the Child Guidance Clinic, Buffalo, New York, was the principal speaker. Approximately 500 persons attended the meeting and various groups interested in children helped to defray the expenses. The Council of the Parent-Teacher Association assisted with publicity.

The Iowa Mental Health Authority informs us that Dr. Ralph Ojeman has been making a fine contribution with his project, "An Integrated Plan for Teaching Human Relations and Mental Health." Under the direction of Dr. Ojeman, teachers attending summer

workshops are gaining increased insight and understanding of children's motivations and behavior patterns.

Institutes jointly sponsored by the Iowa Society for Mental Hygiene and the Iowa Mental Health Authority are designed to establish an informed mental-hygiene leadership. The fourth institute, held in November, 1949, included a tour of state mental hospitals, a workshop in training for leadership, and an institute for clinic boards of directors and personnel. Weekly seminars of twelve sessions each have also been given for social workers, and 155 nurses attended a course of lectures given at district meetings held at Fort Dodge, Des Moines, Burlington, and Dubuque. Mental-health nursing consultants from the Community Services Branch, National Institute for Mental Health, Washington, D. C., and from the Regional Office, U. S. Public Health Service, Kansas City, Missouri, were in charge of these meetings.

The Mental Health Association of Oregon, in its *Mental Health News*, gives some concrete and challenging facts concerning the mental-health situation in Oregon.

Portland is the only community with a full-time psychiatric service for children. The association's major interest in the immediate future will be the strengthening of the educational facilities for professional persons and an extension of available clinical programs.

The Texas Society for Mental Health reports that two of its major activities during the year will be the continuance of its committee on the state-wide project, "Mental Health in Education," and its public-service committee. It has been recommended that the public-service committee be enlarged and that coöperation be sought with other state organizations and agencies with reference to education as to the need of improved facilities for the care of the mentally ill.

Local affiliated societies have held a variety of interesting meetings since the first of the year. The Abilene-Taylor County Society has reported that 375 persons—teachers, social workers, business men, lawyers, housewives, and students from the three colleges who make up a large part of Abilene's population—atttended a lecture on mental health given by Dr. James L. Hymes, Jr., professor of education, George Peabody College for Teachers, Nashville, Tenn.

The Austin-Travis County Society held a panel discussion on the "Emotional Problems of the Retarded Reader." This subject is receiving the attention of the Austin Public Schools and the Testing and Guidance Bureau of the University of Texas. Another talk sponsored by the society was "Growing Older and Liking It."

The Dallas County Mental Health Society presented a highly successful panel discussion entitled *Crime Concerns You*. Participants

were Felix McKnight, Assistant Managing Editor of the *Dallas News*, as moderator; Will Wilson, the district attorney; Reid Cozart, Warden of the Federal Correctional Institution at Seagoville; Dr. Robert Winn, instructor in psychiatry at Southwestern Medical University; and W. W. Findlay, professor of engineering at Southern Methodist University. The program was opened with the presentation of a dramatic skit, *The State vs. John Gray*. The facts in the skit were taken from the files of the district attorney's office. The play was followed by a panel and a forum discussion. The moderator of the panel discussion summarized the specific recommendations made by the group for the improvement of law enforcement in Dallas. The forum consisted of a discussion between the members of the panel and a carefully selected board of examiners, twelve citizens representing in so far as possible a cross section of the community. The program was widely publicized through newspapers, the radio, and service clubs, the pastors' association, the P.T.A.'s, and the Junior League.

Another outstanding event in May, co-sponsored by the Dallas County Society and the Southern Methodist University, was a workshop on the subjects, "The Place of Tests in Counseling," "The Psychodynamics of Counseling," and "Techniques of Counseling."

Dr. J. Fremont Bateman, Superintendent of the Columbus (Ohio) State Hospital, in his efforts to teach people that mental illness should carry no more stigma than physical illness, offered the hospital as an "on location" site for a two-reel, twenty-minute motion picture. The state division of mental hygiene showed the film, *City of the Sick*, and it is estimated that 100,000 persons will see it.

The Mental Health Society of Southeastern Florida reports that an unusually fine institute on epilepsy, sponsored by the University of Miami, was held on April 13–14. The institute was open to the general public and there was no admission fee.

Current educational activities include a series of seven lectures on "Everyday Living," sponsored by the Miami Jewish Community Center, and a "Child Psychology Course," sponsored by the North Miami P.T.A. At a recent book fair, sponsored by the board of public instruction for the teachers of Dade County, the society's mental-health booth was a great success. Hundreds of mental-health pamphlets were sold.

The Mental Hygiene Society of Union County, New Jersey, has sponsored an unusually broad and comprehensive educational program during the past three months. A subcommittee of the society's education committee is compiling and evaluating audio-visual aids, so that a ready-reference file on films, recordings, posters, pamphlets,

and so on will be available for use by the society's public-relations committee and by other interested county organizations.

Dr. Raymond H. Gehl, psychiatrist with the Plainfield Clinic, has given two seminars, one in Cranford and the other in Elizabeth, on "Emotional Growth—From Childhood to Adult Functioning and Responsibilities."

The society has also sponsored, in coöperation with its Summit and Cranford committees, the presentation of the three plays for parents, *Temperate Zone*, by the American Theatre Wing. In Plainfield the plays were co-sponsored by the society and the Hartridge Parent-Teachers League. Dr. Walter D. Woodward, Chief Psychiatrist, American Cyanamid Company and psychiatrist with the Cornell University Medical College, was the discussion leader. Similar presentations were arranged for Elizabeth and Linden.

The Mental Hygiene Society of Monroe County, New York, reports that its annual institute is becoming a traditional part of its service program. This year's institute, on "Prejudice," consisted of four evening meetings held at two-week intervals with four speakers, representing different professional approaches.

The society's bulletin carried abstracts of the institute meetings, and the proceedings of last year's institute on "Mental Health and World Citizenship" is also being published and will be distributed to members free of charge. During January, the society was a co-sponsor with other community organizations of an institute on the aging.

The Oneida County Mental Hygiene Society, New York, sponsored a series of free public lectures on mental hygiene during February, March, and April at Hutchings Hall, Utica State Hospital.

The Illinois Society for Mental Hygiene reports that as the result of two institutes on nursing education, sponsored and planned by the society in coöperation with the Illinios Department of Registration and Education, with funds made available by the Illinois Mental Health Authority, it has received a series of requests from organizations in various parts of the country who are interested in planning similar institutes. The Illinois institutes were planned by the society's education committee for members of the faculties, other than psychiatric, in nursing schools throughout the state, with the object of helping nursing instructors understand themselves and their students better and thus of improving nursing-training programs and the future nurse's relationships with her patients. The society realizes that it is not in a position to give orientation to mental-hygiene concepts to the total population of Illinois, but it believes that by working with such professional groups as educators, nurses, ministers, and

others, sound principals of mental health may reach an ever-widening circle.

The society's newsletter states that the Mental Hygiene Society of Springfield has arranged an evening workshop for parents at Iles School. The education committee has been scheduled with the Parent-Teacher Association, the School Masters' Club, and other organizations concerned with mental-health programs.

The Mental Hygiene Society of Winnebago County, at its second annual meeting, emphasized the prevention of mental illness through education. The society is sponsoring an orientation course for its volunteers entitled *Understanding Mental Health.*

The Peoria Mental Hygiene Society has been coöperating with local educators in setting up a school kit with material on mental health.

The South Dakota Mental Health Association presents some meaningful statistics in its March, 1950, newsletter. It reports that loss of the working time of the 1,680 patients in Yankton amounts to $1,680,000 a year if the earning power of these patients is computed at only $1,000 a year. It is pointed out that while this loss is being incurred, the state is spending only $1.24 a day per patient, or a total of $760,000 for the care of the 1,680 patients.

Other educational aids for board members and the public have been visits to various state institutions. The president and the secretary of the association were guests of Warden Jameson at the state penitentiary, where they observed the classes conducted in school subjects and hobbies. During April the association's executive committee and other guests visited the state training school to gain first-hand knowledge of the institution's program for helping boys and girls. Sound principles of rehabilitation in correctional institutions are viewed as being closely related to community mental health.

The South Dakota Mental Health Association reports that the Brookings office has mailed letters to 650 ministers relative to the establishment of an annual pastoral-counseling institute at the University of South Dakota. Much interest has been evidenced in the project, which was originated by the association and which is co-sponsored by the university, the state department of health, the Council of Churches, and the South Dakota Mental Hygiene Association.

A student at the University of South Dakota, Joe Laine, won first place in a national intercollegiate competition by the broadcast of his oration, *Return from Wasteland.* This deals with society's rejection of the mentally ill person on his return from "wasteland." Dr. and Mrs. Forrest Weller, of the university, have been broadcasting a series of talks on "Your Family" over Station KUSD. The *Fight*

for Life series has been especially well received and has been commended in *National Broadcasters' Magazine*. Information may be obtained by writing University Station KUSD, Vermillion, Keith Nighbert, Program Director.

The association's speakers' bureau is now established. It consists of thirty men and women in various parts of South Dakota, all able speakers and well-informed on mental-health matters.

The Mental Hygiene Society of the Territory of Hawaii (The Honolulu Mental Hygiene Society) has created an imaginary family, the "Will B. Matures," as a medium through which to demonstrate sound mental-hygiene principles at monthly meetings open to the public. The audience is given brief written summaries describing the family and a typical situation it faces, and is divided into problem-solving groups for a 20-minute discussion. A "reporter" from each group then joins in a panel to present the opinions, comments, and solutions offered by his groups. Besides the parents, the family includes three children; Wana Mature, thirteen; Willie Mature, six; and Bea Mature, two and a half. The society plans to continue this program for the remainder of the year. It is also sponsoring the presentation of the *Hi Neighbor* series, *The Inquiring Parent*, and the *Tenth Man* on the radio.

A joint meeting of the officers of the Parent-Teacher's Association and of the society marked the beginning of an educational program planned for the schools. The society's rehabilitation committee has become an integral part of the rehabilitation divisions of the schools and of the Crippled Children's Society, so that a more comprehensive rehabilitative program may be effected.

The San Francisco Chapter of the Mental Health Society of Northern California recently sponsored a series of public meetings which included lectures on "Confidence Through Knowledge," "Aptitude Testing," and "Alcoholism—A Major Health Problem." "The School and Home Working Together" was a joint project of the chapter and the Association for Childhood Education. An orientation course on mental health, arranged for the Council of Jewish Women, proved very popular. Over sixty members of the council attended the sessions. Another important educational activity has been the servicing of the main public library with mental-health literature. As finances permit, this service will be extended to the branch libraries.

Study groups concerned with adult problems have not only demonstrated a lively interest in mental health, but have also been a means of increasing chapter membership. A field trip, tied in with

Dr. Bruce Merrill's lecture on "Resources," has given the group members a keener appreciation of the problems and needs of the mentally ill.

The chapter has made extensive use of psychiatric films, the radio, and television. Dr. Michael Spottswood has shown and discussed a psychiatric film at the Chinese Methodist Church. Such subjects as "The Middle Years," "Alcoholism," and "At What Point Do People Turn to Outside Sources for Help?" have been presented on the Jane Lee and Ann Holden radio programs. An hour's television time on KRON-TV was secured on April 5, and Dr. Joseph Solomon has been scheduled to speak on child psychiatry on William Winter's program, television station KPIX. On May 9, Margaret Heaton, author and teacher, lectured on "Lessening Inter-Group Tensions." And a résumé workshop was held on June 13.

Committee chairmen have met with Dr. and Mrs. Ralph Weilerstein, of the Alameda County Chapter, to arrange for several joint educational programs in July with a prominent Eastern psychiatrist as speaker. A committee has also been appointed to work on a mental-health exhibit for the state fair in Sacramento, which will be held in September. Last year the society's booth was visited by many persons, and with advance planning, it is anticipated that both the exhibits and the attendance will be even better this fall.

The Sacramento Chapter is broadening the scope of its annual institute this year. Other county chapters will be included and the planning committee is already at work. The institute gives promise of being an outstanding educational event.

The Mental Hygiene Society of Maryland, with the Maryland Council of Churches and Christian Education, jointly sponsored an institute on "Religion and Mental Health," which opened on May 9 at the Spring Grove State Hospital. Rev. Leslie Weber, Executive Missionary of the Lutheran Society of Maryland, was the chairman of the planning committee, which was composed of psychiatrists, clergymen of several Protestant denominations, and representatives of the society and of the Council of Churches. The committee plans to arrange additional programs this fall. Some of the interesting and informative topics scheduled for the May institute were "Our Practical Problems," "Troubled People: How Can We As Clergymen Help Them?" and "Maryland's Mental-Hygiene Resources." Discussion leaders were authorities in the fields of religion and mental health.

The society also sponsored a second series on "Family Affairs" during April and May at the Enoch Pratt Free Library, Branch No.

13. The subjects were "The Mature Adult," "Adolescence," "Infancy," and "Pre-Adolescence." The public was urged to attend and there was no admission charge.

The North Carolina Mental Hygiene Society is calling attention to a study of mental cases held in jails, made by Dr. David A. Young, General Superintendent, North Carolina Hospitals Board of Control. Dr. Young has compiled information regarding 123 mental patients reported to the state board of public welfare as held in 42 county jails in December 1949. Dr. Young stated that he and the hospital's board would be very appreciative of any efforts on the part of the society's membership toward preventing the commitment of so many cases to jail, whether as mental cases or otherwise

Special Courses in Mental Hygiene.—The School of Public Health, Department of Public Health Nursing, University of North Carolina, Chapel Hill, has announced that Miss Louise Moser, R. N., Director, Program in Advanced Psychiatric Nursing, Duke University, will give a course in mental hygiene, August 7–11. This course is designed to help the public-health worker understand mental and emotional processes as they influence behavior and to aid in the development of techniques useful in working with people. Additional information may be secured from Miss Margaret Blee, Associate Professor, Box 229, Chapel Hill.

The Illinois Society for Mental Hygiene has announced that the University of Illinois is offering a pioneer course, "Aging and Preparing for Advanced Years," designed for persons over thirty, for persons already advanced in years, and for persons who deal with the care of the aged. If enough interest is shown, the course will be given in other communities. Further information may be obtained from the Supervisor of Extramural Classes, University of Illinois, 205 Arcade Building, Champaign, Illinois.

The Ohio Montgomery County Mental Hygiene Association reports that the third annual summer interneship offered by the Dayton State Hospital began on June 19. The course is for professional workers such as teachers, ministers, and social workers who are interested in this type of intensive psychiatric orientation. It was developed coöperatively by the association's executive secretary and the superintendent of Dayton State Hospital. The purpose of the interneship is to give professional people a better understanding of state-hospital work and increased insight in their own fields of specialization. The course will close on August 11, when certificates will be awarded to those who complete the course successfully. This includes work on the wards, in diagnostic clinics, at demonstrations, and attendance at conferences, with 16 special lectures.

The Milwaukee County Society for Mental Health has announced that a teachers' workshop on "Mental Health" will be held this summer. It will be co-sponsored by the society, the Milwaukee State Teachers College, the Milwaukee Public Library, the Parent-Teacher Associations, and the Milwaukee County Public Schools. Teachers of elementary and high-school grades will participate and the purpose of the workshop will be: (1) to develop mental-health materials to be used in schools; (2) to work out techniques for presenting these materials; and (3) to achieve a common understanding of mental health. Dr. Helen Dunlap and her Committee on Mental Health Education in Schools meet every month, continuing their surveys of local and national mental-health education in schools. Last December the committee met with Dr. Carl Anderson, of the U. S. Public Health Service of Chicago, and the workshop for teachers was suggested. A pamphlet explaining the work is available on request.

Conference Notes

The spring, 1950, issue of *Texas Trends*, official publication of the Texas Society for Mental Health, outlines the society's state conference held in Mineral Wells, Texas, April 13–14. One of the important services rendered to allied groups through the conference was a joint meeting of staff members from the state hospitals and special schools and the vocational rehabilitation division of the state department of education. Other conference events included meetings of representatives of the Home Service Directors of the American Red Cross from Oklahoma, New Mexico, and Texas, and a semi-annual meeting of the Texas Visiting Teacher Association.

The San Francisco Chapter of the Mental Health Society of Northern California reports that the Asilomar Conference on Mental Health was unusually stimulating and highly successful. Fifty-two chapter members were present at the conference and the total attendance was over 400.

The Indiana Mental Hygiene Society held its First Annual Conference at the Indianapolis Athletic Club on April 27. The theme of the morning session was "Mental Hygiene and Child Development." Dr. William C. Menninger was the luncheon speaker and his topic was "Psychiatry for Everyday Needs." The afternoon session was devoted to talks and discussions on "New Developments in the Treatment of Mental Illness."

Legislation

The Southern California Society for Mental Hygiene has been concentrating on a drive for a strong state department of mental hygiene with a budget sizeable enough to guarantee more than

custodial and superficial community services for the mentally ill. The first major step in the campaign was the Governor's Conference on Mental Health, which was attended by over 1,000 persons. Both experts and laymen stressed the needs for increased treatment and training facilities, additional hospital personnel, and particularly state-wide coördination.

The operational budget advocated by the society would provide for pilot studies in the rehabilitation of chronic patients, and in treatment of the aged, and for a director of community services.

The Legislative Committee of the San Francisco Chapter of the Mental Health Society of Northern California has been spearheading efforts to reopen the two idle floors of the psychiatric ward at San Francisco Hospital for the treatment of mild mental illnesses, up to a period of ninety days, as authorized by the state legislature. It is reported that at the present time patients are "observed" in barred cells in the Mission Emergency Hospital, but receive no treatment unless committed to a state hospital. Dr. Percy Poliak, Psychiatric Medical Examiner for the Superior Court, is an earnest advocate of the San Francisco Hospital project and has stated that during the past twelve years 5,000 mental-hospital commitments could have been avoided if the two wards had been in operation.

The Michigan Society for Mental Hygiene reports a mental-health crisis in Michigan. It states that statistics covering the entire country "conclusively prove that Michigan is one of the backward states of the nation in dealing with the mental-health problem." In view of the situation, the society is, therefore, recommending a specific program of action. This includes necessary financing, such as authorization of an $88,000,000 bond issue for the construction of mental hospitals and training schools for the mentally defective, and suggested legislative appropriations for additional child-guidance and adult out-patient psychiatric clinics and for necessary expansion in staff recruiting and training.

Local chapters of the Michigan Society for Mental Hygiene are supporting the society's drive for increased psychiatric facilities. The county medical society has passed a resolution unanimously supporting the Calhoun County Chapter's request to the state department of mental health for the establishment of a children's center in Battle Creek.

The North Carolina Mental Hygiene Society is one of 17 state organizations with membership in the state legislative council. The total council membership is more than 80,000, and during April the society approved the council's tentative program which provides for submitting specific items to the 1951 General Assembly for its consideration.

The South Dakota Mental Health Association's past president, K. J. Campbell, has been an active leader in the association's drive for new hospital buildings at Yankton and Redfield, adequately paid staffs, and the deletion of the term "insane" from the state commitment laws. A change of the name, "State School and Home for the Feebleminded," is also desired. At an executive meeting in Redfield a tour of the institution revealed that some 40-patient wards were cared for by two attendants each, one working a 12-hour day shift, the other a 12-hour night shift. A state law prohibits work days of over 8 hours by state employees "except in emergency," so the problem of securing an adequate number of competent attendants for the state institutions is obvious. The association is requesting citizens to bring the matter to the attention of the legislators.

The Mental Hygiene Society of Monroe County, New York, reports that under the direction of its chairman, the committee for the study of the sex variant sponsored a two-session conference as a means of exchanging information on legislation for sex offenders proposed for the 1950 New York State legislative session and the research work of the sex-variant committee. The society considers the bill for sex offenders, passed in April, much better than those previously contemplated and it believes that its committee contributed to the ultimate passage of an optimally constructed bill.

The Illinois Society for Mental Hygiene reports that it favors legislation permitting fee assessment, so that relatives of patients may pay part of the cost of their care in mental institutions. Other legislative matters in which the society is particularly interested are the codification of laws relating to mental health and the need for a building for the Institute of Juvenile Research.

The Montgomery County Mental Hygiene Society of Ohio has an active committee on legislation. This committee sponsored Bill 493, which provided for a new type of institutional-commitment procedure in the statutes. The committee attends hearings on mental-hygiene bills and has arranged visits to the state hospital by the local representatives and senator.

The Mental Hygiene Society of Montgomery County, Pennsylvania, has studied the activities of other mental-health societies and its public service and legislation committee has prepared reports on local, state, and national legislative provisions for mental health. The committee has suggested several projects on which the society might act: (1) a study of factors affecting the shortage of qualified personnel in state institutions; (2) a study of commitment procedures and practices in coöperation with the National Mental Health Foundation; (3) a study of model legislation for the control and treatment of sex offenders; (4) encouragement of the plan to establish further

training courses for attendants; (5) an exploration of the possibilities of helping find foster homes and job placements for patients eligible for discharge or parole; and (6) encouragement of the bureau of mental health to enlarge its preventive program.

The Wisconsin Society for Mental Health reports that because of the backing of a well-informed public, for which the society feels it is largely responsible, the 1949 Legislature made an extra appropriation of over a million dollars for skilled staff for the state institutions for the mentally ill and for the mentally retarded. It is "on the alert" lest any of the unexpended capital funds be returned to the general fund. It is also currently concerned with a statistical and interpretative study of "prolonged" recovery of employees from injury and disease, the character of the injury or disease, and the manner of handling by supervisor, employer, and professional persons carrying responsibility for treatment. The society is of the opinion that the whole structure of compensation and insurance may be threatened by a rapidly increasing demand or overuse of these funds and a corresponding increase in chronic invalidism.

Membership

The Connecticut Society for Mental Hygiene reports that the Hartford Society, which has been inactive for some time, has started up again with renewed vigor. An outstanding event planned for the near future in Hartford is an "Invitation to Membership Tea" at the governor's mansion. Mrs. Bowles will be the hostess.

The Mental Hygiene Society of Union County, New Jersey, planned its membership drive simultaneously with the observance of National Mental Health Week. It is aware that a society's effectiveness in the interests of mental health is dependent upon a growing number of well-informed members. This year the membership committee mailed 15,000 letters to county residents.

The Mental Health Society of Northern California reports that the San Francisco Chapter is sending out an excellent news bulletin to its membership. It also recognizes the personal approach as the best means of interesting people in the program of the society and in securing new members and it has urged all members to participate in the work.

This state society also informs us that the Kern County Mental Health Society has suggested a plan whereby new memberships might be stimulated and a closer working relationship effected between the members themselves. The local society estimates that 95 per cent of its membership is concentrated in Bakersfield and that while persons in other communities have been interested in the society's work, they have been reluctant to attend meetings because of the travel distance

and the fact that they are not acquainted with any of the Bakersfield members. It is believed that visits to the various outlying communities by auto caravan, four to six to a car, would not only extend the society's mental-health activities and programs, but also bring in many new members. The social aspects of the plan would foster new ideas and aid in the coördination of an over-all county program. They recommend this plan to counties with a similar problem—*i. e.*, those in which the bulk of the membership is located in the largest town or city.

The Mental Hygiene Society of Maryland had a membership of 1,360 as of April 30. In the intensive drive that the society has been conducting, over 11,000 membership appeals were included in the mailings of coöperative organizations to their respective lists: the Baltimore Public School Teachers Association, the Teachers Union, the Medical and Chirurgical Faculty of Maryland, and the Junior Chamber of Commerce. Other organizations, such as the Child Study Association, printed the society's appeal in their own house organs. Returns are still incomplete, but 1,047 members have joined since the first of the year. The society has planned another mailing to 600 organizations and is suggesting that they include one meeting on mental hygiene in their fall calendars. A mental-health film and a speaker are being offered by the society.

The East Baltimore branch of the society invited members and friends to a membership tea during the month of April. This was a "Meet an Author—Bring a Member" affair, and Dr. Caroline A. Chandler, author of *Famous Men of Medicine*, was the guest of honor. Dr. Chandler, also a member of the society's community-clinics committee, autographed copies of her book.

The Mental Hygiene Society of Montgomery County, Pennsylvania, organized in June, 1949, has established the following classes of membership: $2.00, $5.00, $25.00, and $100.00, all with the same privileges. The society's only source of income is from membership dues and, in compliance with the Pennsylvania state law, it has obtained a certificate of registration which authorizes it to solicit persons in the state for the support of its budget. The society reports that with the help of the county health and welfare council, whose offices and secretaries it has been privileged to use, it has been possible to keep expenses within a limited budget. The committee on membership and finance favored a district plan, adopted by the board, whereby members of the board residing in the districts constitute the initial district committees, with the privilege of expansion. Through the active participation of the members of the board and of the society, it is anticipated that each district will increase its membership and bring in funds.

Organization and Personnel

The Texas Society for Mental Health announces that at its last annual meeting the term "mental health" was substituted for "mental hygiene" in its official title. A constitution and by-laws revised to conform to the recommendations in the *Manual for State and Local Mental Hygiene Societies* were also adopted. Dr. Hamilton Ford, of Galveston, was elected president of the society for the term 1950–1. Other new presidents are Dr. Lehman C. Hutchins, Texas Technological College, of the Lubbock County Society; and Dr. Louis E. Tompkins, Wichita Falls, of the Wichita County Society.

The Guidance Institute of San Antonio, Texas, has completed the organization of a Bexar County Mental Health Society, with a membership of 169. Dr. Charles N. Burrows, Trinity University, is president of the Texas Society's newest affiliate.

The Mental Hygiene Society of Atlantic County, New Jersey, has secured a full-time executive director, Miss Doris L. Moore, employed as of March 1, 1950.

The North Carolina Mental Hygiene Society reports that the state board of health has given the society twelve copies of the *Manual for Organizing State and Local Mental Hygiene Societies.* The gift was timely, since during April approximately 40 persons attending a public meeting in Fayetteville decided to organize a local mental-hygiene society. An organizational meeting was held during Mental Health Week. Mrs. W. L. Saunders, temporary chairman, is working with a committee on constitution and by-laws.

The South Dakota Mental Health Association reports that a mental-health section has been established in the state department of health. Florence Dunn, R. N., is the administrator and she has been elected to the association's board of directors.

The Mental Hygiene Society of Monroe County, New York, has completed a successful trial year in working more closely with the health association. The merger has enabled the society to receive Community Chest support. The society reports an active membership of 500.

The Mental Hygiene Society of the Territory of Hawaii reports that one of its major objectives for the year will be the establishment of local societies in the Islands. It has organized an advisory committee to the bureau of mental hygiene and this committee is studying all available mental-health resources. When the survey is completed, the committee will work with the bureau of mental hygiene in planning future objectives.

The Peoria Mental Hygiene Society of Illinois has announced the appointment of Mrs. Marion Higgins as its executive secretary.

The Milwaukee County Society for Mental Health, which was incorporated last December, has announced that Dr. Edward D. Schwade was elected president at the charter-membership meeting held in February. Other officers elected were E. Harold Hallows, first vice president; Mrs. Roland A. Jefferson, second vice president; and Mrs. Hans Wendel, secretary.

The Mental Health Society of Southeastern Florida reports that the Florida State Conference of Social Work recently sponsored a series of "citizen meetings" in Jacksonville, Orlando, Tampa, and Miami, with Mrs. Marjorie Frank, Assistant Director of the State and Local Division of The National Committee for Mental Hygiene. It is hoped that citizen interest may soon be crystallized so that more Florida mental-health societies will be established and the 1951 Legislature will make some provision for an increase in psychiatric facilities in the state. The Ocala *Star Banner* has reported overcrowding at institutions and a complete lack of facilities for mentally deficient Negro children.

Dr. Sullivan G. Bedell, of Jacksonville, Florida, reports that subsequent to Mrs. Marjorie Frank's visit, steering-committee meetings concerned with the organization of a local mental-hygiene society were held each week. It was agreed that planning should include 17 counties in the northeastern Florida area. A slate of 25 prospective board members from Jacksonville was set up, with emphasis upon securing broad representation in addition to individual interest and ability to devote considerable time to the society's activities. At the organizational meeting, held on April 27, the assembled group voted to constitute itself an association, the proposed temporary constitution was adopted, and the board nominees were unanimously elected. At the first board meeting, the following officers were elected: chairman, first vice president, second vice president, secretary, and treasurer. A chairman and a co-chairman have been nominated for the following committees: constitution, by-laws, and legislative; education; finance; public-relations; field study; and a liaison committee to organize and conduct meetings in the other counties to explain the organization and to stimulate interest.

The Southeastern Florida (Miami) and the Central Florida (Orlando) societies have recently held their annual meetings with excellent attendance. Two other new societies in Florida have also just been formed—the Gulf Coast Mental Health Society (Sarasota and Manatee counties) and the Tampa Bay Area Society (St. Petersburg and Tampa).

The Indiana Mental Hygiene Society held its annual business meeting on April 27. The constitution and by-laws were ratified

by the membership and a resolution was approved to investigate the possibility of setting up a foundation in order to receive bequests and large contributions. Nine new directors were elected to the board, making a total of 18 board members. Mr. C. Oliver Holmes was elected president for the term 1950–51.

The society reports that, with the recognition of the Tippecanoe County Mental Hygiene Society in Lafayette and the Grant County Society in Marion, the number of state chapters organized has risen to eight.

The South Dakota Mental Health Association regretfully announces the sudden death of Jack Stroud, Chairman of the Activities Committee for Mental Health Week, and a member of the association's board of directors. Many memorial gifts are being received and they are being deposited in the Memorial Fund. The association's board of directors have elected W. Marvin Larson, of Sioux Falls, a friend and co-worker of Mr. Stroud, to fill the board vacancy caused by his death.

The association reports that the first local chapter in Black Hills, a ten-county area, has been established. Louis Schuldt, social worker with the Veterans Administration at Fort Meade, and Lois Miller, author, were the chief organizers. Other chapters are in process of formation at Mitchel, Yankton, and Sioux Falls. Dr. Haas, Superintendent of the Yankton State Hospital, has sent in over 100 memberships from his institution. The state membership has increased from 147 to 400 in the last seven months.

The Mental Health Society of Northern California has announced that Mr. Nathan Adler, psychologist, has been elected president of its organization. There are now 18 county chapters of the society, active in 24 communities.

The Mental Hygiene Society of Maryland sponsored the first public appearance of Maryland's new Commissioner of Mental Hygiene, Dr. Clifton T. Perkins, on April 18. Dr. Perkins and Governor W. Preston Lane, Jr., addressed members of the society and the general public at a meeting in the new Eastern High School auditorium. Dr. Perkins has a distinguished record of leadership and recently resigned from a similar position in Massachusetts.

Public Relations

The Mental Health Society of Northern California reports that the San Francisco Chapter recognizes the value of good publicity. By writing, interviewing, and much "leg work," the public-relations committee is getting mental-health concepts to the newspapers and to radio and television personnel. A press conference, held *before* the society's public meeting on "Alcoholism," resulted in excellent

publicity. The chapter maintains representation on Community Chest committees and on the Family and Children's Council. Two other liaison facilities are the committees on health education and on family life and social relations. Members have also been attending various community meetings and recently represented the society at a meeting of the League of Women Voters at which legislators presented their programs.

The Massachusetts Society for Mental Hygiene employs a psychiatric social worker whose client is the community. As consultant on community-health programs, the worker advises those who come to the society for guidance regarding problems in their communities. By exploring and analyzing the factors underlying such problems, communities are helped to plan their procedures for effective solutions.

The Montgomery County Mental Hygiene Association of Ohio states that it has a fine working relationship with the staffs of the Dayton State Hospital and the Dayton Receiving Hospital. This has been an excellent base for helping with the improvement of treatment services for patients; for educating the public on hospital problems, programs, and functioning; for gaining insight regarding needed legislative action; and for programs designed to give both lay and professional groups practical orientation to mental-health concepts and activities. The association also maintains a committee on human relations in schools. It prepares reading lists on special topics and in general promotes education for wholesome human relationships.

The association's executive secretary, Dr. Alfred Kamm, has been working with the Council of State Governments in Chicago. Dr. Kamm was granted a leave of absence from March 14 to April 20, so that he might assist in the preparation of the national report of state governors presented at their June conference in White Sulphur Springs. The report is a national inventory of state mental-health problems and may be purchased from the Council of State Governments, 1313 East 60th Street, Chicago, 37, Illinois.

The Wisconsin Society for Mental Health provides complimentary copies of its publication, *Mental Health*, for every school superintendent and every public library in the state. The reprint of the article published in *Mental Health* entitled *Sixty-Two Questions and Answers on the 1947 Mental Health Act*, by Senator Buchen, has been sent to judges, district attorneys, and agencies, and to citizens of the state. An account of the changes made by the 1949 Legislature has now been prepared by Senator Buchen, and a copy of this will be attached to the reprint and again distributed with an appropriate letter.

The Ingham County Chapter of the Michigan Society for Mental Hygiene has appointed a publicity and materials committee which will distribute locally bibliographies on mental-health literature and a brochure of community resources. The speakers' bureau committee has prepared a list of speakers for local clubs and organizations.

The Mental Hygiene Society of Union County, New Jersey, has been very active in supplying speakers for parent-teacher associations, the Y.W.C.A., college and women's clubs, and for various service organizations. It has announced publication of a quarterly, the *Mental Health News*. The first issue appeared in February, 1950, and subsequent publications will be devoted to national, state, and local mental-health programs.

The Mental Hygiene Association of Westchester County, New York, is asking the public to consider mental hygiene and support of the association's work as a business deal. A forceful pamphlet, *Out of Sight—Out of Mind*, has been prepared by William Scherman, of Pelham, a staff member of *Time Inc.*, and Walter Weintz, of Mt. Kisco and the *Reader's Digest*. It is reported that it costs between $30,000 and $325,000 for each patient who stays in a mental hospital for life. It costs New York State and the county each approximately $35,000 for the three Westchester County mental-hygiene clinics. The society states that if the clinics can save one patient a year from hospitalization for life, they will have paid for themselves.

The Mental Hygiene Society of Montgomery County, Pennsylvania, has arranged 21 meetings through its speakers' bureau. A subcommittee arranges the meetings, finds openings for speakers, and provides subject titles, series of talks, and courses which leaders are prepared to offer those desiring them. The bureau is composed of well-equipped psychiatrists, pediatricians, educational and guidance counselors, ministers, nurses, and social workers. All have given their services freely, but the bureau requests that groups desiring speakers provide their expenses.

A series of radio plays is being presented over WNAR on Sunday evenings and members have been urged to have radio parties in their homes for the discussion of these mental-health plays.

The exhibit used at a health fair, held in January under the auspices of the Norristown Y. M. C. A., has been augmented and is being widely used throughout the county. Bookshelves, plays, and pictures are being assembled by a committee for the many educational programs scheduled in the early fall and winter. The society tells both members and prospective members how they can help in four concise statements: (1) by learning all you can *yourself* about how to deal with emotional problems in daily living; (2) by creating

opportunities for others to learn; (3) by overcoming superstitions and prejudice about mental illness; and (4) by joining the mental-hygiene society and working with others for the achievement of its aims.

Volunteer Service

The Mental Hygiene Society of Maryland and the Baltimore Chapter of the American Red Cross sponsored a meeting of community organizations on May 2, 1950. Representatives of 54 organizations attended this meeting with the purpose of forming a community council to coördinate volunteer service for aid to patients in the state mental institutions around Baltimore. The two main purposes of the council are: (1) to provide maximum volunteer service and contributions to Maryland's 9,000 mental patients; and (2) to reduce to a minimum any confusion, duplication of effort, and cost in terms of hospital-staff time by coördinating the needs of the hospitals and the generosity of the community. No organization loses its identity as a member of the council. The organizations will continue their present programs, but with establishment of the council, they will know at all times the needs of the hospital and will be better able to coördinate their efforts. The next meeting of this community council will be held in the fall, when officers, an executive committee, and subcommittees in such fields as "individual volunteer services," "material and supplies," "entertainment and canteen," will be chosen. Before this meeting, a proposed agenda and an itemized listing of hospital needs will be sent to all council members.

Organization for service to the Eastern Shore State Hospital, Maryland, has been set up on a Shore-wide basis, under the chairmanship of Mrs. Louis C. Madeira, of Centerville. Her committee will meet with the department heads of the hospital to determine needs both for service and for those supplies and equipment not provided by the state. In June, the committee will submit an inventory of needs to the projected Eastern Shore Community Council, conceived as a federation of all organizations, civic, professional, lay, and so forth, bound by a common interest in the hospital. Delegates to the council will report back to the groups they represent for material and volunteers. The Mental Hygiene Society of Maryland will provide facilities for the training of all volunteers.

After three months of service at the Rosewood State Training School, Mrs. Maxwell A. Behrend, Chairman of the Joint Maryland Mental Hygiene Society-Council of Jewish Women Project, has reported that her volunteers are teaching the children everything from jitterbugging to sewing on buttons. At the present time 15 additional members are preparing to join the project at Rosewood,

and are in process of receiving a ten-hour training course. This includes a field trip to Public School No. 48, to observe one of the special classes for slow-learning children, with discussions led by Dr. Harry F. Latshaw, Director of Special Education in the Baltimore schools; Mrs. Annette Adams, leader in the nursery-school field; Miss Glackin; and Mrs. Marguerite Hastings, Director of Psychiatric Social Work at Rosewood.

The "Meet Your Mental Hospital" program continues to be given at the society's "Volunteer at Home," to which the general public is invited every Wednesday from 10:30 A.M. to 12 noon. The subjects scheduled for recent meetings were: "The Occupational-Therapy Program," "The Place of Religion in the Mental Hospital," "The Family-Care Program," and "Personnel in the State Hospital." On May 17, Dr. Arnold Eichert, Clinical Director at Spring Grove State Hospital, discussed "The Rôle of the Psychiatrist in the Mental Hospital."

The Massachusetts Society for Mental Hygiene reports that it has initiated a well-organized volunteer program in two of the state's 17 hospitals and plans to extend this activity in the fall. The Foxboro State Hospital and the Metropolitan State Hospital have held full-day orientation courses for their volunteers. The Metropolitan State Hospital is concentrating on a volunteer program for the adult department, and at Foxboro the newly reopened patients' library is staffed by volunteers. The group at Foxboro has included fifteen Wheaten College students, two Wheaton instructors, and a number of women from the town of Foxboro. Five volunteers are assisting staff members at the regular Tuesday club nights for patients, at which card and other games are played. On Wednesdays five other volunteers help out at dance night.

The Montgomery County Mental Hygiene Association of Ohio received 409 hours of volunteer service during the past year. It has a volunteer-service bureau with which persons interested in assisting with the association's various projects may register.

The Mental Health Society of Northern California reports that the American Friends Service Committee is sponsoring an institutional-service unit to help with the educational and recreational program and to work with attendants at Agnews State Hospital, near San Jose, during July and August.

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